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|  | 1,            | FOR                |                               | 1                          | DEPARTMENT (                              | OF HEALT       | H AND MEI         | NTAL HYGIEI          | NE .                       | -               | 7 4              | 0                             |  |
|--|---------------|--------------------|-------------------------------|----------------------------|---|----------------|-------------------|----------------------|----------------------------|-----------------|------------------|-------------------------------|--|
| 051024   | 1-            | STATE<br>REGISTRAR |                               | MEI                        |   |                |                   | ATE OF DE            | - E                        | NO. S           | 3 0              | 7                             |  |
|  |               | CEASED NAME        | A FIRST                       |                            | WIDDIE                                    | 1              | LAST              |                      | 20 DATE KNOWN              | MONTH           | DAY YEAR         | 26 HOUR                       |  |
| PLEASE<br>ECTOR.<br>R FILES.<br>HOURS<br>STREET,   |               |                    | KAYM                          | IOND                       |   | HND            | ERS               | ON                   | DEATH MATED                | 文 丁             | 12-1986          | • M                           |  |
| A DE OR  | 3 SE          |                    | 4 RACE                        | 5. DATE OF BIRTH           | 6. AGE (                                  | THOAY) MON     |                   | HOURS MIN.           | PRONOUNCED                 | MONTH           | DAY YEA          | AT GALLE                      |  |
| A ARY<br>YOU<br>TON  | - 10          | LE                 | BLACK                         |                            | 1911 74                                   | YRS.           |                   |                      | DEAD                       | 2               | 131981           | M                             |  |
| 88877  | 1 6           | UTH CAR            | OLINA                         | 76. CITIZEN OF WE          |   |                |                   | R MARRIED XX         | 9. BALTIMORE CITY          |                 | us and           |                               |  |
| <b>一部</b>  | 100           | ITY OR TOWN        |                               |                            | PITAL, NURSING H                          | WIDO           |                   | DIVORCED 120. US     | ANNE ARUNI                 |                 | JUNTY            | MD.                           |  |
| 100  |               | NAPOLIS            |                               | 811 Wes                    | t Street                                  | 55)            |                   |                      | MOST OF WORKING LIFE)      |                 | OR INDUS         |                               |  |
| AD. 21201<br>1. IF ANY<br>2. ANG 3<br>3. RETAIL<br>2. SHOULE<br>AL RECOR   | 13a S         | RYLAND             | 13b. COL                      |                            | 13c. CITY OR TOW                          | N              | 13d. INSIDE CITY  | LIMITS?   13e ST     | REET ADDRESS  1 West Stre  | eet.            | + 21401          |                               |  |
| 4 == 5077  | 14, F         | ATHER'S NAME       |                               | WIDDLE                     | LAST                                      |                | 15. MOTHER        | 'S MAIDEN NAM        |                            |                 | LAST             |                               |  |
| 5 35 8 40 C  | 1/4           | AVAC DECEASES      | UNKN OWN                      | ARMED FORCES?              | 16b. SOCIAL SECU                          | INITY NO       | 17 IN 19 (200 And | UNKN                 | OWN ADDRES                 |                 |                  |                               |  |
| JRS AFTER DEA<br>S. GIVE PAGES<br>WITH FORM F<br>PAGES 1 AN<br>DIVISION OF   | 100.          | YES NO OR UNKNO    | WN) (IF YES, G                | IVE WAR OR DATES)          | 021-60-                                   |                | JASON             |                      | West Street                |                 | apolis           | 1401<br>Md.                   |  |
| : 5°5 F.O  |               | 18 CAUSE O         | F DEATH (Enter<br>ATH WAS CAU | only one couse per line    | for (o), (b), and (c).                    |                |                   |                      |                            | , , , , , ,     | APPROXIMA        | ATE INTERVAL<br>SET AND DEATH |  |
|  |               | TARTIBL            |                               | IATE CAUSE (o)             | /   | 4) 1           | -                 | Carche               | ac arm                     | 一大              |                  |                               |  |
| W. PRESTON WITHIN 24 H PENCIL IN ITEM MINER ALON ITEMNSIT PER INTAL HYGIEN OR REMOVAL  |               | Condition          | s, if ony, whi                |                            | AS A CONSEQUEN                            | CE OF          |                   |                      |                            |                 | Jamil            | 2                             |  |
| W. P.  |               | gave ris           | e to immedia                  | ote (b)                    | AS A CONSEQUEN                            | CE OF          |                   |                      |                            |                 |                  |                               |  |
| 201 W. PI UTED WITH IN PENCII EXAMINE EXAMINE IIAL - TRAN ON, OR RE  |               | lying cou          |                               | (c)                        | AS A CONSEQUEN                            | CEOF           |                   |                      |                            |                 | 340              |                               |  |
| RDS.<br>CAL<br>AATIC   |               | PART 2 OTHER SIG   | NIFICANT CONDITIO             | NS CONTRIBUTING TO DEATH 1 | OUT NOT RELATED TO THE                    | TERMINAL OISEA | SE OR CONDITION 6 | GIVEN IN PART 1 (a). |                            |                 |                  |                               |  |
| RECOIL BE IL PENDIN MEDIN AND AS A HEALTH  | CERTIFICATION | 19a DATE OF        | OREDATION                     | Ton control                |   |                |                   |                      |                            |                 |                  |                               |  |
|  | FIGA          | 196 DATE OF        | OPERATION                     | 196 CONDIT                 | ION FOR WHICH C                           | PERATION V     | VAS PERFORM       | ED?                  |                            |                 | 20 AUTOPS        | Υ?                            |  |
| OF VITA  OF VITA  ATE SHO THE CHIE ILD BE US MENT OF   | ER            | 21a EXTERNA        | L CAUSE WAS                   | 21b TIME OF                | INJURY                                    | [2]c. H        | IOW INJURY O      | CCURRED (ENTER       | NATURE OF INJURY IN ITEM 1 | R PART 1 OR PAG | YES .            | NO                            |  |
| DIVISION OF VITA  INNER: THIS CERTIFICATE SH ICATE, WRITING THE WORR F FORWARDED TO THE CH THE STATTE DEPARTMENT O AND, 21201 PRIOR TO BUR | ALC           | UNDERLYING         | OR<br>G CAUSE C               | HOUR A.M                   | MONTH DAY Y                               | EAR            |                   |                      |                            |                 |                  |                               |  |
| DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART OI PRIOR  | MEDICAL       | 21d. INJURY C      | CCURRED                       | 21e PLACE C                | FINJURY (AT HOM<br>ORY, FARM, ETC.)       | . 21f LC       | CATION            |                      | CITY OR TOWN               |                 | IA ATTA          |                               |  |
| PHIS (WRI)   | 2             | AT WORK            | NOT WHILE<br>AT WORK          |                            | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |                | 3.1100            |                      | CITY ON TOWN               | COU             | JM 14            | STATE                         |  |
| ATE, 1   |               | 22a   certif       | y that I took cha             | orge of the remoins desc   | ribed obove, held o                       | n Autoj        | osy .             | Inspection X         | Inquiry . o                | ond in my op    | inion            | 115                           |  |
|  |               | death resulte      | d from. No                    | turol couses               | Accident,                                 | Suicide _      | ], Homicid        | le . Unde            | termined monner            | ,               |                  |                               |  |
| EXAMING CERTIFICATION OF WITH WARYLV WARYLV  |               | ACTUAL             | 0                             | c ,                        | 1.  |                | TITLE (SPE        | CIFY)                |                            | DATE            |                  | 1./                           |  |
| SE S   |               | SIGNATURE_         | 1-                            | ~ 2 W                      | und                                       | ^              | A.D.              | ME1                  | DICAL EXAMINER             | SIGNE           | 02-15-           | -86                           |  |
| TO MEDICAL EXAM<br>EXECUTE THE CRRIT<br>PAGE 4 SHOULD B<br>TO FUNERAL DIRE<br>AFTER DEATH, WITH<br>BALTIMORE, MARY                         |               | EXAMINER'S I       | James                         | s E. Wheele                | r, M.D                                    |                | ADDRESS 11        | 16 Gumbo             | ttom Rd. C                 | rownsv          | ille,            | 21032                         |  |
| BATTA  | 23a.B         | URIAL, CREMAT      |                               |                            | 23c. NAME OF                              |                |                   | CITY                 | OCATION<br>Y OR TOWN       | COUN            | d'Y              | STATE                         |  |
| 07/84 BP   | 24 5          | UNERAL DIREC       |                               | 2-18-1986                  |   | IOUNT (        | CREMATO           | RY I                 | Baltimore                  |                 | yland            |                               |  |
| DHMH - 17<br>(VR A15 ME (5))   |               | NAME               | 42                            | nnapolis                   | a. 21401                                  |                | 230               | -                    | n.                         | SISTRAR'S S     | GNATURE - Handel |                               |  |
| (AK WID WE (2))  | 11.           | THIT MILL          | अ सदयका                       | SONS MORTI                 | ARY, P.A.                                 |                | 1                 | FR 18                | 1986 June                  | Part Laton      | 1                |                               |  |

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## STATE OF M OR DEPARTMENT OF HEALTH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| DEC NO |    |    |   |   |   |

|   | 1 -           | STATE<br>REGISTRAR   |   |                            |   | CERTIF                                 | ICATE OF DEAT  |           |                     | REG. NO.                |                   |            | Ē.       |            |
|---|---------------|--|---|----------------------------|---|--|--|-----------|---------------------|-------------------------|-------------------|------------|----------|------------|
|   |               | OR PRINT)  | Augu                                    |                            | MIDDLE H.                                       |  | Armiger  |           | 2a. DATE OF DI      | ATH MONTH               | 10                | YEAR<br>86 | 25. HOU  |            |
|   | 1.583         |  | **-0-                                   | 4 RACE                     |   | 5. DATE C                              |  |           | 6. AGE (IN YEAR     |                         | IF UNDE           | RIYEAR     | IF UNDER | M          |
|   | 2             | Female   |   | Whi                        | te  | монти                                  |  | 392       |                     | 94 yrs                  | MONIHS            | DAYS       | HOURS    | MIN.       |
| 2 |               | RTHPLACE (STATE OR Mary land   | FOREIGN                                 | 76. CITIZEN OF             | S.A.  | Y? 8<br>MARRIEI<br>WIDOWE              | D NEVER MARR   | IED 🗀     |                     | city or coun<br>nne Aru | ry of de<br>indel |            | nty      | MD.        |
| 0 | MCCC -        | TY OR TOWN OF DE   |   | 11. NAME OF I              | HOSPITAL, NUR<br>H FACILITY GIVESTR<br>WOOD MAI | SING HOME C<br>EET ADDRESS!<br>NOT NUT | OR OTHER INSTITUTION  120 USUAL OCCUPATION (124F OF WORK FOR MOST OF WORKING LIFE)  HOUSEWITE  120 KIND OF BUSINESS OF MOST OF WORKING LIFE) INDUSTRY HOME Maker |           |                     |                         |                   |            |          | ss or<br>r |
| 5 | Ma:           | ryland   | 13b. COUN                               |                            | Baltime   | NWC                                    | 13d INSIDE CITY LI   |           | 607 P               | ORESS / ZIP CO          |                   | e 21       | 225      |            |
| 2 | 14 FA         | THER'S NAME<br>FIRST<br>Frank  |   | MIDDLE                     | Berns   | chein                                  | 15. MOTHER'S MAI<br>FIRST<br>Huld  |           |                     | NIDDIE                  |                   | Radd       |          |            |
| 7 | 160 W         | VAS DECEASED EVER  |   | MED FORCES?                | 166 SOCIAL SE                                   |  | 17 INFORMANT   |           | I ONE               | ADDRESS                 | 1                 | 212        |          | 310        |
|   |               | YES, NO OR UNKNOWN)  | (* 125, 57                              |                            | 212-07  | -7640D                                 | Joseph   | F. A      | rmiger              | 618 Jef                 |                   |            | Balt     |            |
|   | NO            | Canditions, if any gave rise to im cause (a), stati underlying cause | IMMEDIA'  , which mediate ng the e last | DUE TO, O                  | R AS A CONSEC                                   | SUENCE OF                              | NOT RELATED TO T   | THE TERMI | NAL DISEASE C       | or CONDITION C          |                   | PART III   |          | 1   5      |
| 1 | CERTIFICATION | 190 DATE OF OPERA  | TION                                    | 196 COND                   | ITION FOR WHI                                   | CH OPERATIO                            | N WAS PERFORMED  | D         | YES N               | INCER                   | ES, WER           |            |          | H?         |
| 7 |               | 21a. ACCIDENT WAS UN<br>OR CONTRIBUTING [                            | CAUSE OF DE                             |                            | M. MONTH  | DAY YEAR                               | 21¢ HOW INJURY   | OCCURR    |                     |                         |                   | PAR1 2)    | , no L   |            |
|   | MEDICAL       | 21d INJURY OCCUR   | THILE                                   | 21e PLACE<br>(AT HOME, STI | OF INJURY<br>REE1, FACTORY, OFFK                | CE, FARM, ETC )                        | 211. LOCATION<br>STREET  |           |                     | ITY OR TOWN             | co                | YTHU       | 51       | TATE       |
|   |               |  | and allow an                            | - 1 1 1                    | 1 60 10   | ,, ar                                  | no that in (my) (our)  | opinian d | eath accurred c     | in the date and h       |                   | ram the    |          |            |
| 1 |               | 221 GNATURE  | 18                                      | 1                          | ul  | -6                                     | PHYS   | IDING (   | MEDICAL<br>DIRECTOR | STAFF<br>PHYSICIAN      | 2                 | DATE       | OC       | 4          |
|   |               | E GU   | 2) -                                    | 17-41                      | ullin   | 8                                      | 122. ADDBESS   | Ro        | reco                | Dun                     | -                 | Do         | ra.      | my         |
|   | (             | BURIAL CREMATION (SPECIFY) Buria                                     |   | 23b. DATE<br>2/13          | 1   |  | Park Ceme  | etery     | _                   | imore                   | cc.               | ii.        | Me       | d d        |
|   | Ge G          | orge J. G  | once                                    | 4001 Ri                    | tchie ····H                                     | gwy Bal                                | Lto Md   | FE FE     | 044                 | 186 Julia               | STRAR'S           | 20.0       |          | الم        |

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| did so position in  | in registra | . L deepo | 080:0-70 <b>-51</b> 6 |   | 0.1        |
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|  |               |  |                                      | STATE OF MARTLAN            |                                       |   |
|--|---------------|--|--------------------------------------|-----------------------------|---------------------------------------|---|
|  | 1             | FOR<br>STATE   | DEPAR                                | TMENT OF HEALTH AND ME      |                                       | 033/1   |
| 071060   | 111           | REGISTRAR  |                                      | CERTIFICATE OF DEA          | ATH REG.                              | NO  |
| - L000   | I. DEC        | CEASED NAME FIRST  | MIDDLE                               | LAST                        | 20 DATE OF DEATH                      |   |
| 0 m#   |               | OR PRINTS  | 0. 7                                 | RAI Sideal                  |                                       | 2 25 86 5pm   |
| 15   |               | VALE   |                                      | BALDWIN                     |                                       |   |
| a fer  | 3. SE         |  | 4 RACE                               | 5. DATE OF BIRTH            | 6 AGE (IN YEARS LAST                  | BERTHDAY) IF UNDER I YEAR # UNDER 24 HRS                          |
| Soft e   |               | FEMALE   | Cauras                               | 2 9 19                      | 10                                    | 6 YRS   |
| 5 6 5 7 67   | 7a 81         | RTHPLACE (STATE OR FOREIGN   | 76 CITIZEN OF WHAT COUNTR            | Y2 8                        | 9 BALTIMORE CITY                      | OR COUNTY OF DEATH  |
| \$ 20 B  | C             | DOUNTRY) UL DE VOL   | LIICA                                | MARRIED   NEVER MA          |                                       | INIC ACINIDAD   |
| de la de   | 1             | south Dakot  | 9 M.2.L                              | WIDOWED DIVO                |                                       | ME FILUMICEMD.  |
|  | 10. CI        | TY OR TOWN OF DEATH  | ME NOT IN SUCH FACILITY GIVE STR     | SING HOME OR OTHER INSTITU  | (TYPE OF WORK FOR MOS                 | TOF WORKING LIFE) INDUSTRY  |
| و م  | 15            | EVERNA YK  | merrideo                             | n Nursing                   | Home how                              | sewife a none   |
| BALTIMORE, MARYLAND 21201  BALTIMORE, MARYLAND 2 |               | AL RESIDENCE (IF NURSING HOME OF   |                                      |                             |                                       |   |
| 5 4 BB 25  | I'm           | TATE 136 COUNTY  | ALL ISC FITY OF                      | A 1 D ///                   | LIMITS? 130.STREET ADDRES             | KIBCOK SUNITLA KE   |
| LAN III  | 14.54         | THER'S NAME  | The Privinger                        | 15 MOTHER'S M               |                                       | DIC COMMISSION SHAPE  |
| RY (20 12 12 12 12 12 12 12 12 12 12 12 12 12  | 14. 5%        |  | MIDDLE LAST                          | IR:                         | MIDDLE                                | LAST  |
| A S S S C  | 1             | KE   | Irun                                 | 12                          | tones                                 |   |
| m, 22 22 18  |               | VAS DECEASED EVER IN U.S. AR   |                                      | CURITY NO 17 INFORMANT      | D APO                                 | PRESS /SAME AS  |
| OW OF THE PROPERTY OF THE PROP | 1             | (IF YES, GIV   | E WAR OR DATES)                      | Cha                         | KION BOIN                             | WIN ILL (ABOVE # Be)  |
| 1 1 1  |               | 1 0  |                                      |                             |                                       | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH                   |
|  |               | PART I. DEATH WAS CAUSE  | bly one cause per line for (a), (b), | ond ici.                    |                                       | 1 1/10 10.  |
| E THE SELE   |               |  | TE CAUSE (0)                         | astalle Li                  | ing Concer                            | 7 months  |
| NO STATE OF THE PARTY OF THE PA |               |  | DUE TO, OR AS A CONSEC               | DUENCE OF                   |                                       |   |
| W. PRESTON ST., and the depth certification by the othership page controlling presented or tendent transmitted over such that transmitting over the controlling of the controlling presented or the controlling of the controlling presented or the cont |               | Conditions, if any, which  | ( (b)                                |                             |                                       |   |
| & 1 1111   |               | gave rise to immediate cause (a), stating the  | DUE TO, OR AS A CONSEC               | MIENICE OF                  |                                       |   |
|  |               | underlying couse last.   |                                      | MOLIACE OI                  |                                       |   |
| 201<br>es th<br>pelea<br>urrol,  |               | DADY 2 OTHER CICAMERCANIA  | (c)                                  | O DE ATH BUT NOT BELATED TO | O THE TERMINAL DISEASE OR CO          | AND IT ON COVER IN PART 1   |
|  | z             | PART Z OTHER SIGNIFICANT   | CONDITIONS CONTRIBUTING I            | O DEATH BUT NOT KELATED TO  | O THE TERMINAL DISEASE OR CO          | SADITION GIVEN IN PART TIE  |
| Dar red  | CERTIFICATION |  | Ton comments                         |                             | Tan AUX DOCKS                         | Table of VEC 14/EDE Childhilds wash                               |
| N A FEE  | No.           | 190 DATE OF OPERATION  | 196 CONDITION FOR WHI                | CH OPERATION WAS PERFORA    | AED 200 AUTOPSY?                      | 20b. IF YES, WERE FINDINGS USED<br>IN CERTIFYING CAUSES OF DEATH? |
| TALR<br>The lassicion.   | H             | PARTICION OF THE PARTIC |                                      |                             | YES NO                                | YES NO  |
| N OF VITAL  SICIAN: The ng physicio certificate by viol-transit literal 8 sho  | 1 8           | 210. ACCIDENT WAS UNDERLYING   | LICIUS A MA MONITHI                  |                             | PRY OCCURRED (ENTER NATURE OF IN      | JURY IN ITEM 18 PART I OR PART 2)                                 |
| N OF VI  | ¥             | OR CONTRIBUTING CAUSE OF DE  |                                      | 19                          |                                       |   |
| DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The low requir ottending physician.  After this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 show Tony injury  | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINE)   | 21e. PLACE OF INJURY                 | 211 LOCATION                |                                       |   |
| VISION 3 PHY ortendi   | ME            |  | (AT HOME STREET, FACTORY, OFFIC      |                             | CITY OR                               | TOWN COUNTY STATE   |
| DIVISI<br>ING PI<br>After the<br>os the<br>orked   |               | WHITE NOT WHITE AT WORK  |                                      | 10 112                      | 2/2                                   | 5 81  |
| 2 - 2 - 2  |               |  | ital) attended the deceased from     |                             | 19.09 10                              | 19 0 6, that (I) (we) last  |
| Pito<br>Pito<br>of for   |               | saw the deceased alive or  | view the body after death            | Sto and that in my) (or     | ur) opinion death accurred on the     | date and hour and from the causes stated                          |
| OR AID<br>DIRECTOR OF THE  |               | 226. SIGNATURE   | 100-                                 | DEGREE                      |                                       | 22c. DAJE SIGNED  |
| TAL O  |               | Younds   | 11 / Mein                            | ALD ATT                     | ENDING MEDICAL S'YSICIAN DIRECTOR PHY | 2/26/86   |
| SPITAL<br>ed by the UNERAL<br>UNERAL<br>d be det<br>he State   | -             | 22d. PHYSICIAN'S NAME (TYPE  | OR PRINT!                            | 22e ADDRESS                 | TSICIAN OF DIRECTOR FAT.              | SICIAN LI   |
| Na the book  |               | FAICED   | 1                                    | 5 G                         | ANKLIN ST:                            | ANNAPOLIS Mel.  |
| O HOSPITAL ( TO FUNERAL I TO FUNERAL I with the Store I  |               | MUSER  | W. COLEM                             | 5/1/6                       |                                       | MONTOLIS MAY  |
| ∑ e ⊢ ~ 3 ≤ *  | 23a I         | BURIAL, CREMATION, REMOVAL   | 236 DATE 2:                          | NAME OF CEMETERY OR CRI     | EMATORY, 128 LOCATION                 | A Account C WARA  |
| BP   | 1             | Burial   | 3-3-86                               | Codor Hill-                 | Surione Sui                           | Hawl P6 TIN   |
|  | 79.50         | INERAL DIRECTOR  | Tol Die                              | CHIC MIN                    | 23a DATE REC'D. BY REGISTRA           | AN 25h REGISTRAR'S SIGNATURE                                      |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)  | 14            | LATERANTO  | ELI 201 Kent                         | CHIE POLLY                  | MILE U. P. 40000 4                    | white Davidson of Santage   |
| (AKM 13, 4)  | 1             | STITKTION  | 1 IL Severno                         | PEUID 2                     | TEXTO STATE OF                        | 100   |

the grade of The Frankly Cauras a Paris Assumpt and A South Intion (LS.B. SEVERMA HE MEGIZERS Was IN Home Flower Promoters & heme MANUFACE HAVE HELDER SON FREE STATE OF COMPANY TO THE STATE OF THE STA ZAMAN MINIST 35/ 1397 William S. 3-8-6 Color Hill-Sulley Sight Sight Pell BESTER OF THE SULFILL STREET OF THE STREET O

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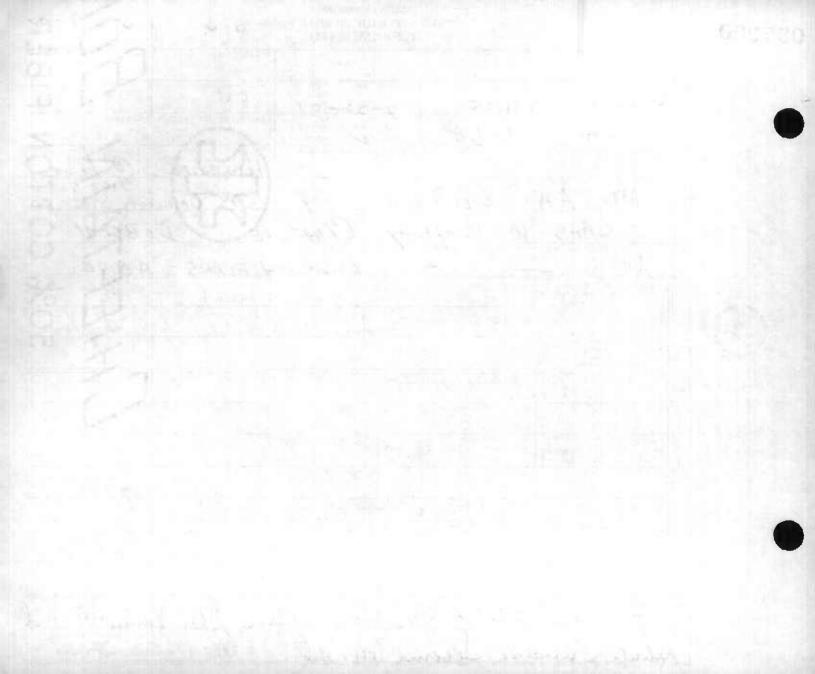
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|    | fter deoin rage 4 may be | the funeral director page 3<br>within 72 hours ofter death | fied at once. |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR

3 3 EST REG. NO.

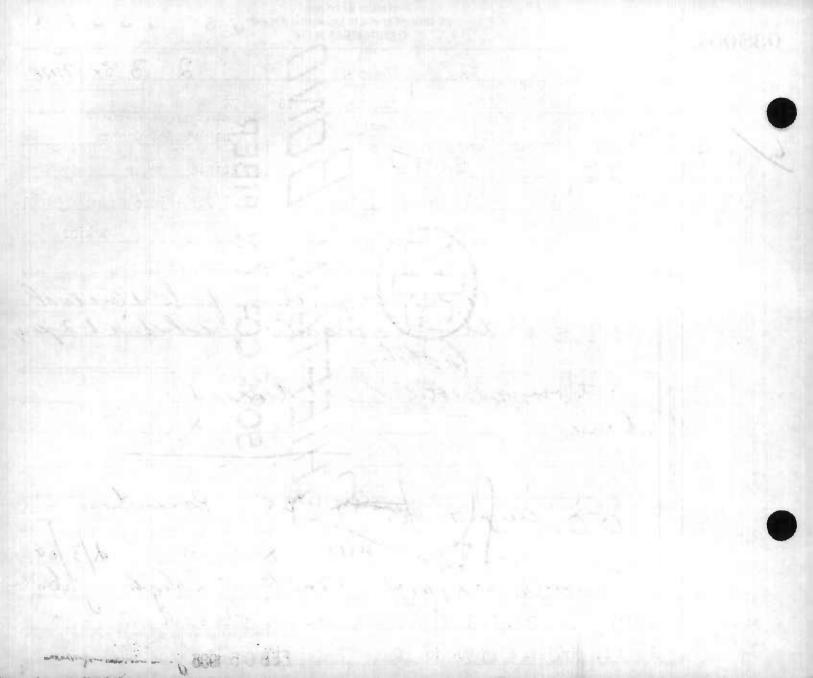
|   |               | CEASED NAME FIRE   | ST   | MIDDLE                              | LAST                 |  | 20. DATE OF DEATH                         | MONTH E               | DAY YEAR            | 26 HOUR                         | 70  |
|---|---------------|--|--|-------------------------------------|----------------------|--|---|-----------------------|---------------------|---------------------------------|-----|
|   | ( TYPE        | OR PRINT) MAI  | DELINE   | J.                                  | BEHMER               | 1200   | FEBRUARY                                  | 7, 198                | 36                  | 7:25                            | A   |
|   | 3. SE         | FENALE   | 1 RACE -   | TE                                  | 5. DATE OF BIRTH     | YEAR   | S AGE (IN YEARS LAST E                    | YRS.                  | IF UNDER 1 YEAR     | IF UNDER 24 HR                  | _   |
| 5 |               | RTHPLACE (STATE OR FOREIG  | 76 CITIZEN OF  | SA                                  | MARRIED NEVER        | MARRIED -  | ANNE ARU                                  |                       |                     | ,                               | MD. |
| 1 | G1            | TY OR TOWN OF DEATH  | NORTI  | H FACILITY, GIVE STREET A H ARUNDEL | HOSPITAL             |  | 120 USUAL OCCUPA<br>(14PE O WORK FOR MOST | OF WORKING LIFE       |                     | FBUSINESS C                     | )R  |
| 5 | 13a. S        | AL RESIDENCE (IF NURSING HOSTATE 136   | OME OR OTHER INSTITUTION.                              | 13 CITY OF DWN                      | 13d INSIDE C         | NO DI  | 3e STREET ADDRESS                         | ZIP CODE              | 2100                | AT. R                           | n   |
| 1 | 14 FA         | THER'S NAME PIRST CHA  | S. MIDDLE W.   | Humph.                              | ruly 15 MOTHERS      | S MAIDEN NAMI  | NE WIDDLE                                 | Do                    | BSO                 | V                               |     |
|   |               | VAS DECEASED EVER IN U   | .S. ARMED FORCES?<br>YES, GIVE WAR OR DATES)           | 16b. SOCIAL SECUR                   | ELI                  | LABETT   | + EVAN                                    | S - 1                 | PROVI               | E                               |     |
|   |               | PART I DEATH WAS C   | der only one couse per<br>AUSED BY<br>EDIATE CAUSE (a) | line for (a), (b), and              | Cerys h              | ie hew   | · Luiba                                   |                       | 3                   | MATE PITERVAL<br>PROEF AND DEAT | -   |
|   |               | Conditions, if any, whis<br>gove rise to immedia<br>cause (a) stating 1<br>underlying cause to | the be Due to o  | R AS A CONSEQUE                     | 12 Wheme             | i hul  | disuit                                    |                       | 5                   | jen :                           | 1   |
|   | NOI           | PART 2. OTHER SIGNIFIC   | 1 remen  |                                     | EATH BUT NOT RELATED | TO THE TERMIN  | NAL DISEASE OF CO                         | NDITION GIVI          | EN IN PART 1        | TK JA                           |     |
| 7 | CERTIFICATION | IN. DATE OF OPERATION  | 19b. COND  | TION FOR WHICH                      | OPERATION WAS PERFO  | DEMED  | 786 AUTOPSY?                              | IN CERTIF             | WERE FINDING CAUSES |                                 |     |
| 1 | MEDICAL CE    | 21s. ACCIDENT WAS UNDERLYS<br>OR CONTRIBUTING [ ] CAUSE<br>IN EITHER, HOTHY MEDICAL EX         | OF DEATH HOUR A.                                       | M. MONTH DA<br>M.                   | Y YEAR<br>19         |  | D (singer hat use or in                   | ILIBE PARTE NO THE PA | ART I DR FARE (I)   |                                 |     |
|   | MED           | APPLE AT HOME I  | I I PLACE  | OF INJURY<br>HET FACTORY OFFICE, FA | M HC1 THE LOCATIO    |  | cin os                                    | OWN-                  | 2/                  | STATE                           |     |
|   |               |  |  | 5 01 0                              | Constitution (my)    | 10 0 4   | eath accurred on the                      | date and hou          | and from the        | CO FORTING COST                 | 00  |
|   |               | 274 SIGNATURE<br>Gerere  | 1 Elin   | in                                  |                      | The second secon | MEDICAL ST.                               | AFF<br>ICIAN []       | DATE DATE           | 196 -                           |     |
|   |               | GERARD CHU   |  |                                     | 77e ADDRES           | 8 EVE  | RGREEN RO                                 | 110 Sec.              | ND 2114             | 6_1                             |     |
|   |               | BURIAL BURIA   | WAL THE DATE   | 0/86 "G                             | len Jen              | n Cer  | 23d LOCATHON                              | Be Be                 | COUNTY A            | A STAE                          | di  |
| 1 | 24. FL        | INERAL DIRECTOR  |  | ALTONES !                           | 01                   | E FO   | REC'D BY BEGISTRA                         | 48                    | RAR'S SIGNAT        |                                 |     |

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

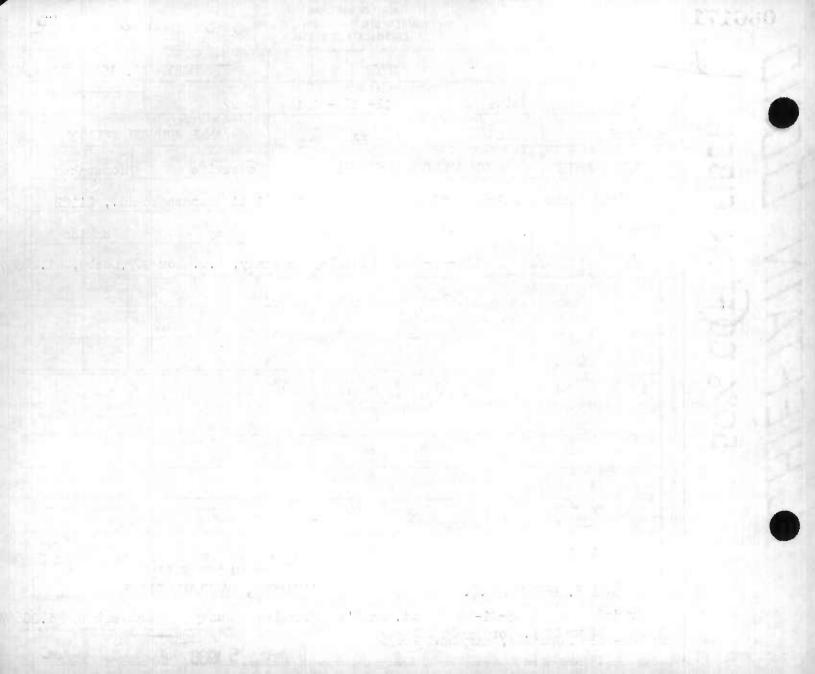
FOR



| 43              | 1-      | FOR<br>STATE<br>REGISTRAR  | DEPART  | STATE OF MARYLAND<br>MENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | IENE & 6                             | 0 3 3  | 3 7 5                                      |
|-----------------|---------|--|---|--|--------------------------------------|--|--|
| l.              |         | EASED NAME FIRST Jack  | MIDDLE .  | Boring   | Feb. 10                              |  | 12 AM                                      |
| 3               | SEX     | Male   | 4. RACE White   | 5. DATE OF BIRTH  MONTH  10 - 28 - 12                                      | 6. AGE (IN YEARS LAST BIRT           | YRS VRS  | ATS HOURS MIN.                             |
| \$              | PE      | THPLACE (STATE OR FOREIGN  | 76 CITIZEN OF WHAT COUNTRY?                                   | MARRIED M NEVER MARRIED UNIDOWED DIVORCED                                  |                                      | Arund  | el COMO.                                   |
| انگ             | A       | nnapolis   | Anne Arund  | el Gen. Hosp   | OUNER                                |  | ND OF BUSINESS OR<br>TRY<br>STARAUN        |
| 31              | 13a. S1 | Md. 136 COUN   | other institution give residence befor 13t. GITY OR TOW Pasad | N 134. INSIDE CITY LIMITS?   | 13e STREET ADDRESS /<br>8355 Ba      |  | alis Blvd.                                 |
| 520             | )       | John   | Born,   |  | Ta MIDDLE                            | Lie Mari   | LAST                                       |
| e medico        |         | AS DECEASED EVER IN U.S. AR.   |   | 5494 Rose Berin  | g (Same                              | e as t   | £ 13)                                      |
| Popul, fil.     |         | 18 CAUSE OF DEATH (Enter on<br>PART I. DEATH WAS CAUSE)<br>IMMEDIAT                                |   | usua hung 1  | with                                 | BETW   | PROXIMATE INTERVAL<br>VEEN ONSET AND DEATH |
| other traumatic | X       | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.     | DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE       | ours was   | muasia                               | _  |  |
| , o             | NO      | PART 2. OTHER SIGNIFICANT C  | CONDITIONS CONTRIBUTING TO                                    | DEATH BUT NOT RELATED TO THE TERM  | inal disease or cone                 | DITION GIVEN IN PAR                              | RITO                                       |
| Z sony ir       |         | 90 DATE OF OPERATION 186   | 910001  | operation was performed as there was for                                   | 200 AUTOPSY?                         | 20b. IF YES, WERE FI<br>IN CERTIFYING CAL<br>YES | NDINGS USED USES OF DEATH? NO              |
| - / 4           |         | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL SETTING THE EITHER NOTIFY MEDICAL EXAMINER | HOUR A.M. MONTH D   | 19   | RED (ENTER NATURE OF INJUR           | RY IN ITEM 18 PART I OR PAR                      | T 2)                                       |
| rkedor          | MEDICAL | WHILE NOT WHILE AT WORK  | 216. PLACE OF INJURY<br>LATHOME STREET, FACTORY, OFFICE,      | 21f LOCATION<br>STREET   | CITY OR TO                           | wn COUNT   | Y STATE                                    |
| 21 is mo        |         | sow the deceased alive on<br>above, (1) (see) 2013) (did no  | al) attended the deceased from                                | Starty 1985 19   | . 10                                 | 19 86<br>ste and hour and from                   | , 1101 (11 (103)                           |
| II. If Hem      |         | 226. SIGNATURE & HS  | Iselia  | DEGREE  ATTENDING PHYSICIAN P  | MEDICAL STAF                         |  | ATE SIGNED                                 |
| MPORTANT        |         | 224 PHYSICIAN'S NAME (TYPE O   |   | 16 Warr  | A                                    | Annagoli   | Š  |
| ≥ 7             | 3a Bl   | DRIAL, CREMATION, REMOVAL PECIFY  TOM TOM TOM TOM TOM TOM TOM TOM TOM TO                           | 23b. DATE 23c 23c   | NAME OF CEMETERY OF CREMATORY  | 23d. LOCATION CITY OR LOWN WEST UPER | L Rutt   | o. State                                   |
| M 7/B4          | A FU    | WERAL DIRECTOR  WERAL CO   | FILL SEDI   | erna PK 2 164  |                                      | 256, REGISTRAR'S SIG                             | Tues.                                      |

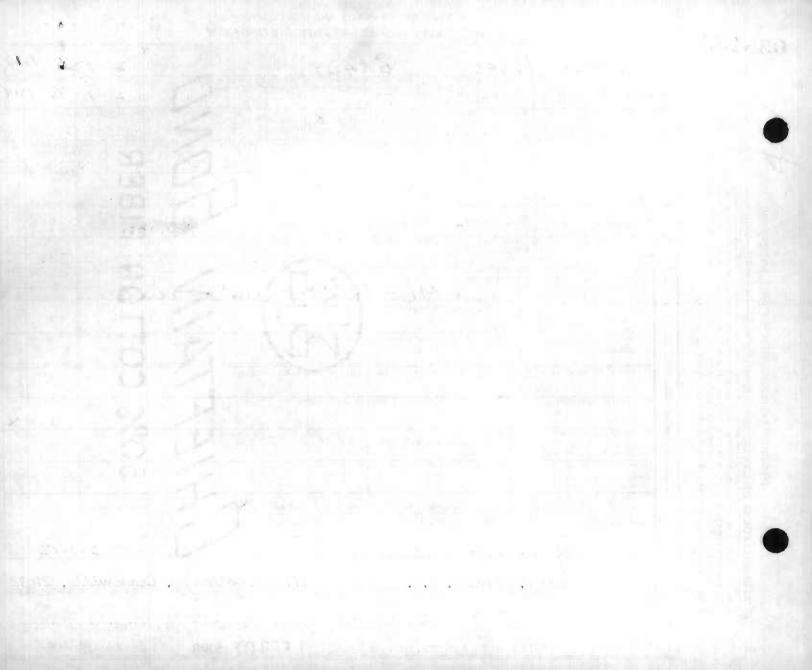
the second of th

| 66171  | 1.            | FOR<br>STATE<br>REGISTRAR  | DEPART   | 0 3 3 / 6 EST           |  |  |   |  |  |  |
|--|---------------|--|--|-------------------------|--|--|---|--|--|--|
| ms IV  |               | CEASED NAME FIRST  | MIDDLE   |                         | AST  |  | ONTH DAY YEAR 25 HOUR   |  |  |  |
| 0 de   |               | ANNA   | M  | BOY                     |  | FEBRUAR  |   |  |  |  |
| rs ofter   | 3. SE         | Y<br>FEMALE  | White  | 5. DATE O               | - 20 AY - 1918                             | 6. AGE (IN YEARS LAST BIRTHD   | MONTHS DAYS HOURS MIN.  |  |  |  |
| herol den  |               | RTHPLACE (STATE OR FOREIGN COUNTRY)  | 76 CITIZEN OF WHAT COUNTRY  USA  | ? 8<br>MARRIE<br>WIDOWS | D NEVER MARRIED DIVORCED                   | 9 BALTIMORE CITY OR CANNE A  |   |  |  |  |
| GLEN BURNIE  |               |  | 11. NAME OF HOSPITAL, NURS<br>(IF NOT IN SUCH FACILITY, GIVE STREE<br>NORTH ARUND      |                         | OR OTHER INSTITUTION                       | 12a USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING LIFE]  Housewife  Homemake |   |  |  |  |
| filled in the state of the filled in the fil | USU<br>13a.   | STATE 136 CC   | or other institution give residence befounty 13c City or to e Arundel Pasadel          | WN                      | 13d. INSIDE CITY LIMITS?                   | eake Rd., 21122  |   |  |  |  |
| mpletely Cash  |               | THER'S NAME Edward   | Middle Rodey   |                         | 15 MOTHER'S MAIDEN NAM                     |  | Jenkins   |  |  |  |
| Popes 1  |               | VAS DECEASED EVER IN U.S.<br>YES. NO SAUNKNOWN) (IF YES.   | ARMED FORCES? 166 SOCIAL SEC<br>217-09-2   |                         | 17 INFORMANT<br>Shirley McCr               | eady, P.O. B   | ox 307, Lusby, Md.2   |  |  |  |
| to signed by the outputing play.  I. Then please remove automorphism or to burnol, cremotic play, or other from with the first of the signed o | NOU           | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN | DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  T CONDITIONS CONTRIBUTING TO  CS R D | UENCE OF  DEATH BUT     | Dialysis; Bi                               | indness, the   | TION GIVEN IN PART 110  |  |  |  |
| o E i  | CERTIFICATION | 19a DATE OF OPERATION  | 196. CONDITION FOR WHIC  | H OPERATIO              |  | YES NO   | ON IF YES, WERE FINDINGS USED<br>IN CERTIFYING CAUSES OF DEATH?<br>YES \( \text{ NO } \( \text{ NO } \) |  |  |  |
| trending physicion.  In this certificate hos the buriol-tronsit per ond Mentol Hygiene good or them 18 them.   | MEDICAL CE    | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAMI                                     | DEATH HOUR A.M. MONTH  | 19                      | 211. HOW INJURY OCCURE 211 LOCATION STREET | CITY OR TOWN   |   |  |  |  |
| TOR: After for use os of Health  |               |  | spitol) ottended the decegsed from on 2 2 19 not view the body after beath.            | Part .                  | 1131                                       | to 2 1 26 death occurred on the date   | , 19 that (I) (   |  |  |  |
| by the hosp<br>state DIRECT<br>state Dept. of them?  |               | 226. SIGNATURE BL  | 4  |                         | MEDICAL STAFF<br>DIRECTOR PHYSICIA         |  |   |  |  |  |
| TO FUNERAL Dishort by the TO FUNERAL Dishould be detected with the Stote Day of the Dishort Broad Di | 22            | HARI K.  | BHASIN, M.D.   | NAME OF S               | BALTIMO                                    | 06 HAMMONDS<br>ORE, MARYLAND   |   |  |  |  |
| BP   |               | BURIAL, CREMATION, REMOV   | 03-01-86   | St. P                   | emetery or crematory aul's Methodi:        |  | Calvert Md': 2  |  |  |  |
| HMH - 16 60M 7/84<br>(VRA 15, 4)   | Be            | YE SUBETORY RE   | public, Maryland   | 20676                   | 25a. DAT                                   |  | b. REGISTRAR'S SIGNATURE  |  |  |  |

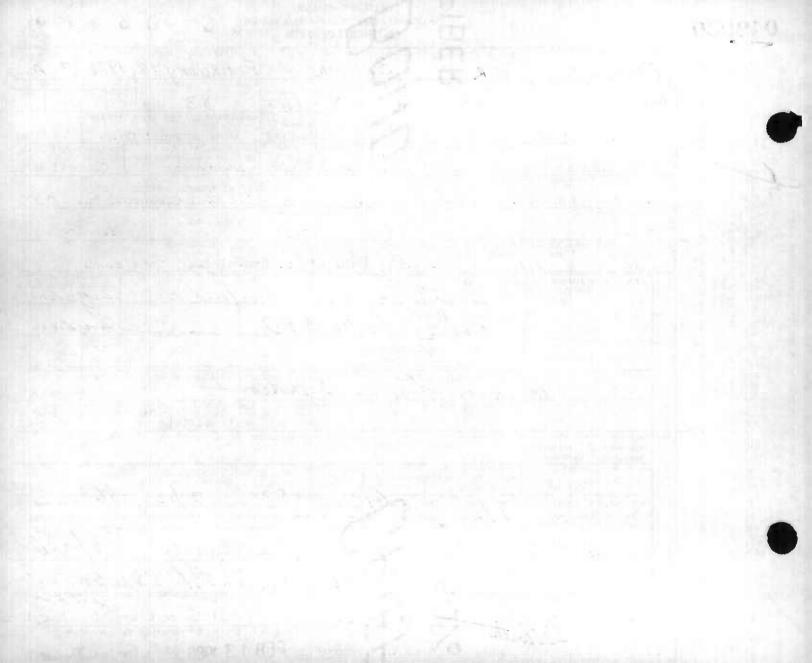


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 038133 L DECEASED NAME a. DATE KNOWN TYPE OR PRINTI ESTI-HOURS STREET, DEATH MATED S, FOR YOUR FILES 4 RACE SEX 6 AGE (IN YEARS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 1714 5 FOR YOUR WITHIN 72 H male white June 11,1927 588 DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) U.S.A. Lothian, Md. DIVORCED Anne Arundel Co. 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (MENOTIN SUCH FACILITY, GIVE STREET ADDRESS)
Anne Arundel General Hosp. Annapolis Delivery man Propane USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 13c. CITY OR TOWN 13L COUNTY Md. 623 Bayard Rd NO X Lothian 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wyvil<u>le</u> Brady Dorsey Emma Taylor Henrietta T. PAGES DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 220-24-3007 Wilseydee M. Brady same as 13e. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MENTAL HYGIEN IMMEDIATE CAUSE (a). Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL-1 lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 ED AS A E CERTIFICATION DELINOCATION OF THE COSED AS SHOULD BE USED AS EDPARTMENT OF HEAD OF H 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY TATHOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE WHILE AT WORK EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram. Natural causes Accident Homicide L Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Wheeler. ADDRESS 1116 Gumbottom Rd. Crownsville. 21032 ames 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Christ Episcopal West 07/84 BP River 25AA 24 FUNERAL DIRECTOR 12 Ridgely Ave. 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Hardesty Funeral Home ilia Davidson-Randalle Ann.Md. 21401 (VR A15 ME (5))

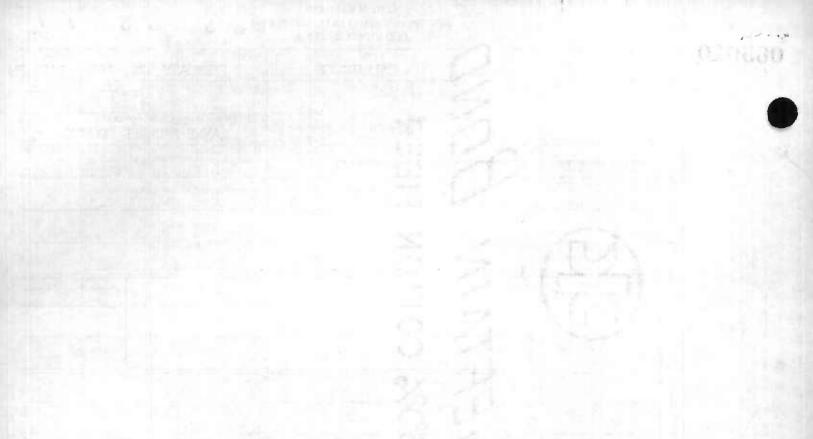
STATE OF MARYLAND



|   |               |   |                       |                   |  | SIAI             | UF MARTLAND            |                   |  |                |              | 2 63                              |
|---|---------------|---|-----------------------|-------------------|--|------------------|------------------------|-------------------|--|----------------|--------------|-----------------------------------|
| 049030  | 1.            | FOR<br>STATE<br>REGISTRAR   |                       |                   | DEPAR  |                  | EALTH AND MENTA        |                   | 3 6<br>REG. 1                                | 0              | 3 3          | 18                                |
| y be<br>ge 3  | I. DE         | CENTOED I THAT  | FIRST                 | Xavie             | WIDDLE   | BK               | 20WN                   | 70. D.            | ATE OF DEATH                                 | MONTH          | 1986         | 26. HOUR 7 A                      |
| 4 moy   | 3. SE         | 1 0 1 -   |                       | 4. RACE           |  | S. DATE C        | DAY WE                 | 4.0               | E (IN YEARS LAST B                           |                | MONTHS DAYS  |                                   |
| Tage Page   |               | RTHPLACE (STATE OR FOR  | RE IGN                | Whit              | WHAT COUNTRY   | Marc'            |                        | 902 9 BA          | LTIMORE CITY                                 | YRS.           | OF DEATH     |                                   |
|   | 1             | Balto. Mary   |                       |                   | USA  | WIDOWE           |                        | D 🔲 .             | Anne Arı                                     | undel          | Co.          |                                   |
| 1 14  | 1             | TY OR TOWN OF DEAT<br>Glen Burnie   |                       | (IF NOT IN SU     | CH FACILITY, GIVE STRE   | ET ADDRESS)      | escent Cer             | (TYPE             | ISUAL OCCUPA<br>OF WORK FOR MOST<br>ACCOUNTA | OF WORKING LI  | E) INDUSTRY  | of Business                       |
| 3   | J5U<br> 3a    | AL RESIDENCE (IF NURSING  |                       | OTHER INSTITUTION |  | ORE ADMISSION)   | 13d INSIDE CITY LIM    | NITS?   13 e. \$1 | REET ADDRESS                                 | / ZIP CODE     | 1311         |                                   |
| ( m) 2  | 140yE         | THER'S NAME   |                       | AIDDLE            | LAST   | din IICs         | 15. MOTHER'S MAID      | ENNAME            | MIDDLE                                       | Greenw         | L            | AST                               |
| edico   | 16a \         | dward<br>VAS DECEASED EVER IN<br>YES, NO OR UNKNOWN)                        |                       | MED FORCES?       | Brown  |                  | Mary<br>17 INFORMANT   |                   | ADDI   | RESS           | Fann         | iing                              |
| physician or pages. Po  | -             | NO  18 CAUSE OF DEATH PART I. DEATH WAS                                     | Enter onl             | y one couse pe    | 216.01   |                  | Angela I               | B. Brow           | m(Wife)                                      | Same           | as 13        | XIMATE INTERVAL<br>NONSET AND DEA |
| that the death cer<br>d by the ottending<br>lease remave carbo<br>iol, cremation, or re<br>ar ather traumatic e |               | Conditions, if any, a gove rise to imme cause (a), stating underlying cause | which diote the lost. | DUE TO, C         | RAS A CONSEQUERAS A CONSEQUERA | DULL<br>UENCE OF | shi El                 | D.                |  |                | 3-1          | elan                              |
| ow requires<br>theen signe<br>prior to bur<br>ony injury.   | CERTIFICATION | PART 2. OTHER SIGNIF  | 0                     | rean              | ic d   | ran              | NOT RELATED TO THE     | der               | AUTOPSY?                                     | 20b. IF YES    | , WERE FIND  |                                   |
| physicion. Thircate hos old Hygiene fall Hygiene  |               | 21a. ACCIDENT WAS UNDER   | USE OF DEAT           |                   | M. MONTH   |                  | 21c. HOW INJURY C      |                   | NTER NATURE OF INJ                           | YE             | s 🗌          | NO []                             |
| JG PHYSICIA<br>ottending plant ter this certification is the buriol-th<br>hond Mental                           | MEDICAL       | (IF EITHER, NOTHY MEDICAL  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK     | D                     | 21e. PLACE        | M. OF INJURY REET, FACTORY, OFFICE   | .FARM, ETC)      | 211 LOCATION<br>STREET | C 2               | CITY OR T                                    | own            | COUNTY       | STATE                             |
| ATTENDIN<br>Septial or<br>ECTOR: Af<br>d for use<br>of the lismo  | 3             | 220.1 certify that (1) (the saw the deceased above, (1) (we) (did           | alive on_             | 2-1               | // 19  |                  | d that in (my) (our) o | pinion death o    | occurred on the                              | date and hou   | ond from the | , that (I) (we) I                 |
| Che had   |               | 774 PHYSICIAN'S NAM   | Me ;                  | Luft              | this.  | mo               |                        | ING MEL           | DICAL STA                                    | AFF<br>ICIAN 🗌 | 2 DATE       | 12/86                             |
| TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State (IMPORTANT: If                         | 22            |   |                       | /                 | 100  | NAME OF T        | 3708 M                 | muta              | in Ru  | . Ph           | sudea        | r. Mu                             |
| BP  |               | Burial, CREMATION, RE<br>SPECIFYI<br>Burial                                 | JAVOM                 | Peb. ]            | 5, <del>198</del> 6  | Druid            |                        |                   | LOCATION<br>CITY OR TOWN<br>Baltimo          |                | -            | Mary:                             |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)   |               | ingleton Fu   | ///<br>inera          | l Home            | ADDRESS<br>Glen I  | Burnie           | Maryland               |                   | 3 1986                                       | 1 / 4          | RAR'S SIGNA  |                                   |



STATE OF MARYLAND



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| STAT | E OF | MARY | LAND |
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|------|------|------|------|

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) NORMAN AKTNS SR CALVERT FEBRUARY 18. 1986 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR MALE WHITE 25 YRS WIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY W. Virginia WIDOWED DIVORCED 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE Maintence Moose Lodge UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21061 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13¢ CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Glen Burnie NO V 208 Southbridge Dr. Apt. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 21061 IYES NO OR UNKNOWN 225-18-6530 Calvert 208 Southbridge Dr. Apt.B WW II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PAA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY, OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 226 SIGNATURE DEGREE Removed ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SILVINO B. MUNESES, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Maryland Crownsville Vet. Cem. Crownsville Buria A.A. TOP AR 250 REGISTERANDE BOWN THE 24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

and almost the sound

|  |  | 1              |               | FOR                                      |                  |               | 970              |                     | TE OF MARYL<br>HEALTH AND |                          | HENE 200                  | 0                | · · · · · · · · · · · · · · · · · · · | ٥           | 1        |
|--|--|----------------|---------------|--|------------------|---------------|------------------|---------------------|---------------------------|--------------------------|---------------------------|------------------|---------------------------------------|-------------|----------|
| 05   | 5715   | 0              | 1-            | STATE<br>REGISTRAR                       |                  |               | DEF              |                     | FICATE OF                 |                          | REG.                      | NO.              | 3 3                                   | Ö           | 3        |
|  |  |                |               |  | FIRST            | 1             | MIDDLE           |                     | LAST                      |                          | 20. DATE OF DEATH         | HTMOM            | DAY YEAR                              | 2b. HOL     | JR       |
| e<br>e   | page 3   | 10             | (ITPE         | Blan                                     | che              | M             |                  | Cas                 | sez                       |                          | 2-18-86                   |                  |                                       | 9:0         | 7P M     |
| A O Y  | er d   |                | 3. SEX        |  | 4. RA            | ACE           |                  |                     | OF BIRTH                  | YEAR                     | 6 AGE (IN YEARS LAST !    | BRTHDAY)         | MONTHS DAYS                           | HOURS       | R 24 HRS |
| 4  | ctor, p  |                |               | Female                                   |                  | White         |                  | MO                  | 12                        | 97                       | 88                        | YRS.             | MONING                                | HOOKS       | Will's.  |
| 600  | dire   | 0/             |               | RTHPLACE (STATE OR FORE                  | IGN 76. C        | ITIZEN OF     | WHAT COUN        | TRY? 8              | IED   NEVER               | MARRIED []               | 9 BALTIMORE CITY          | OR COUNT         | OF DEATH                              |             |          |
| et.  | 272 P  | No /           |               | France                                   |                  | Franc         | e                | WIDO                |                           | NORCED                   | Anne Arun                 | del Co           | unty 1                                |             | MD.      |
| 7  | 15 4   | po /           |               | TY OR TOWN OF DEATH                      | 11.              | NAME OF       | HOSPITAL, NI     | JRSING HOM          | OR OTHER INS              | NOITUTION                | 12a USUAL OCCUPA          | ATION            | 12b. KIND                             |             | ESS OR   |
| 5  | led th   | Series Control | F             | ort Mead Md                              | . /              | Kimbr         | ough A           | rmy Hos             | pital                     |                          | Housew                    | fe               |                                       | one         | 01       |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120, PHYSICIAN: The low requires that the low requires the low requires the low requires the low requires that the low requires the | ed in b  | 201            | 130 S         |  | HOME OF OTHE     | R INSTITUTION | 13c. CITY OR     | TOWN                | 13d. INSIDE (             | CITY LIMITS?             | 13e. STREET ADDRES        | S                | .21                                   | 044         | 0        |
| AND a  | 1 To   | 22             |               | aryland                                  | Howard           | d Co.         | Colum            | bla                 | YES 🗌                     | NO O                     | 6733 Gr                   | verer            | n Driv                                | 9           |          |
| within   | pletel)  | 02/            |               | THER'S NAME<br>FIRST                     | MIDDL            |               | LAST             |                     | F1c                       | FIRST                    | WIDDLE                    |                  | L                                     | AST         |          |
| W, W   | 00 -/  | ă .            |               | AS DECEASED EVER IN                      | IUS ARMED        |               | Pauver:          | SECURITY NO         |                           |                          | ADE                       | DRESS            |                                       |             |          |
| ORe  | ond  | edic           | 0             | ES, NO OR UNKNOWN)                       | IF YES, GIVE WAR | OR DATES)     |                  |                     |                           |                          | - 6733 Gr                 | velete           | h Dr.                                 | 2104        | 6        |
| LTIN   | rs. P  | 2              | =             |  |                  |               | 100              | ••                  | THOITIG                   | ue byei                  | - 0/55 54                 |                  | APPRO                                 | XIMATE INTE | RVAL     |
| , BA   | pope<br>pope<br>sovo!  | ent, 1         |               | 18. CAUSE OF DEATH<br>PART I, DEATH WAS  | S CAUSED BY      | :             |                  |                     | ary Arr                   | est                      |                           |                  |                                       | minu        |          |
| I ST.  | 122  |                |               | IA                                       | AMEDIATE CA      |               |                  |                     | ar y mr                   | 031                      |                           |                  |                                       | _111.1111   | 1162     |
| TOP  | 200  | TO .           |               | Canditions, if any, v                    | ahiah (          | DUE TO, O     |                  | SEQUENCE OF         | nfareti                   | 00                       |                           |                  | 6                                     | days        |          |
| PRES   | \$20 out   | 10             |               | gave rise to imme<br>cause (a), stating  | diate            | (             |                  |                     | ni ai e i i               | OII                      |                           |                  |                                       | -           |          |
| ¥ #  | 4 5  | othe           |               |  | lost.            |               |                  | EQUENCE OF          | art Fal                   | Luro                     |                           |                  | 6                                     | days        | 3        |
| 301  | pleo<br>priol,   | , 0            | 51            | PART 2. OTHER SIGNI                      | FICANT CON       |               |                  |                     |                           | 1 41 0                   | AINAL DISEASE OR CO       | ONDITION GI      | VEN IN PART                           | (o)         |          |
| RDS,   | Sign Phen  | nju            | No.           |  | Viral            | Gastr         | oenter           | itis                |                           |                          |                           |                  |                                       |             |          |
| 00   | been<br>mit. I   | No Ti          | ATI           | 190. DATE OF OPERATION                   |                  |               |                  |                     | ON WAS PERF               | ORMED                    | 200. AUTOPSY?             |                  | S, WERE FIND                          |             |          |
| I RE   | os os  | Z.             | TEIC          |  |                  | 51.0          |                  |                     |                           |                          | YES NO                    |                  | ES []                                 | NO          |          |
| 7  | ysicior<br>cate h<br>ransit<br>Hygier  | 88.58          | CERTIFICATION | 210. ACCIDENT WAS UNDER                  |                  | 216. TIME C   |                  | DAY VE              |                           | NJURY OCCUR              | RED (ENTER NATURE OF II   | JURY IN ITEM 18, | PART 1 OR PART 2)                     |             |          |
| OF OF  | ding ph<br>is certifi<br>burial-tr<br>Mental I                                   | Hea            | AL            | OR CONTRIBUTING CA                       |                  |               | .M. MONTE        | DAY YEA             |                           |                          |                           |                  |                                       |             |          |
| SION OF VII  | attending physic<br>ter this certificate<br>s the burial-trans<br>and Mental Hyg | ō              | MEDICAL       | 21d. INJURY OCCURRE                      |                  |               | OF INJURY        | FFICE, FARM, ETC.)  | 21f. LOCAT                | ION                      | CITY OR                   | town             | COUNTY                                |             | STATE    |
| NIS G  | often<br>ter this<br>s the   | rked           | Σ             | WHILE AT WORK AT WORK                    |                  | (Al HOME, SI  | REEI, FACIORI, O | erice, rakes, etc., |                           |                          |                           |                  |                                       |             | 1.00     |
| 0 2  | or or se o   | E              |               | 220.1 certify that (1) (t                | his hospital)    | attended th   | ne deceased f    |                     | eb.                       | 19 86                    | , 10                      |                  | 19 86                                 | , that (I)  |          |
|  | RECTOR<br>ned for u  | 21:            |               | saw the deceased<br>above, (I) (we) (did | alive an         | 18 Fe         |                  | 19 86               | and that in (my           | y) ( <u>our) apinian</u> | death accurred on the     | dote and ha      |                                       |             |          |
| \\ \alpha \\ \al |  | Hen            |               | 22b. SIGNATURE                           | 11.              | ~             | Voon             | mo                  | DEGREE                    |                          |                           |                  | 22c. DAT                              | ESIGNED     | -1       |
| 4  | AL D   | ± :            |               | you                                      | unun             | 10            | van              | 111                 |                           | PHYSICIAN [              | MEDICAL S<br>DIRECTOR PHY | TAFF<br>SICIAN   | 18                                    | RE          | 66       |
| HOSPIT   | NER<br>be obe  | X T            |               | 22d. PHYSICIAN'S NAM                     | AE (TYPE OR PRIN | VT)           |                  | 1-17-1              | 22e ADDRE                 | SS                       |                           |                  |                                       |             |          |
| Š  | retained by the TO FUNERAL should be deto  | MPORTANI       |               | Jonathan                                 | Safrer           | n, M.[        | ).               |                     | Kir                       | mbrough                  | ARmy Hosp                 | Ital/F           | ort Mes                               | d M         | d        |
| 5  | 5 5 7 4 3  | 3              | 23o. [        | BURIAL, CREMATION, RI                    |                  |               |                  |                     | CEMETERY OR               | CREMATORY                | 23d. LOCATION             |                  | COUNTY                                |             | TATE     |
|  | BP   |                |               | Burial                                   | ]                | Feb 2         | 1.1986           |                     | uis Ceme                  |                          | Clarksv                   | ille 1           | Howard                                | Mary        | land     |
|  | DHMH - 16 25M  |                | 24 FI         | INERAL DIRECTOR HE                       | arry H           | Witzl         | ke & Fa          | mily F              | ineral I                  | Home 250. DA             | TE REC'D. BY REGISTR      | AR 25b. REGIS    | TRAR'S SIGNA                          | TURE        |          |
|  | (VR A 15 (4)   | ) 9/74         | In            | c 4112 01d                               | Columb           | oia Pi        | ike Ell          | icott               | City                      |                          | EB24 198                  | 6 / -41          | Davidson                              | -str.m      | 200      |

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|  | 1          |  |   | STATE OF MARYLAND             |  |   |  |  |  |  |
|--|------------|--|---|-------------------------------|--|---|--|--|--|--|
| 0.4430   | 1          | FOR<br>- STATE   | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 3 8 2 |                               |  |   |  |  |  |  |
| 041130   |            | REGISTRAR  |   |                               | REG. NO.   |   |  |  |  |  |
|  |            | ECEASED NAME FIRST   | MIDDLE  | LAST                          | 20 DATE OF DEATH MONTH   | DAY YEAR 26 HOUR                                |  |  |  |  |
| 4 54   |            | CARRIE   | May   | CONRAD.                       | 2  | 2 86 3:25AM                                     |  |  |  |  |
| 2 43   | 1.58       | EX.  | 4 RACE  | 5. DATE OF BIRTH              | 6 AGE (IN YEARS LAST BIRTHDAY)   | MONTHS DATE HOURS MIN.                          |  |  |  |  |
| A 95   |            | temale   | White   | 8 11 92                       | 93 YRS   |   |  |  |  |  |
| 2 51 6   | 7a E       | SIRTHPLACE (STATE OF FOREIGN   | 76 CITIZEN OF WHAT COUNTRY?                           | 8. MARRIED NEVER MARRIED      | 9 BALTIMORE CITY OR COUN   | TY OF DEATH                                     |  |  |  |  |
|  | 1          | ENDIANA  | USA   | WIDOWED DIVORCED              | ANNE ACUNDEL MD.   |   |  |  |  |  |
| 11 11 10   | 10,0       | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSIN                          | IG HOME OR OTHER INSTITUTION  | 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |   |  |  |  |  |
| U. XX  | C          | ROWNSVILLE   |   | EL NUBING CENTER              |  | Home  |  |  |  |  |
| 1 12   | 1200       | AL RESIDENCE (IF NURSING HOME OF   | ROTHER INSTITUTION GIVE RESIDENCE BEFOR               | ADMISSION)                    | 13e.STREET ADDRESS / ZIP CO  |   |  |  |  |  |
| 7 11 15  | 1          | MD. A  |   | and m                         | 121 SPA VIEW   | A   |  |  |  |  |
| 7 7 1  | à 14.5     | ATHER'S NAME   |   | 15 MOTHER'S MAIDEN NA         | AME  |   |  |  |  |  |
| 1 11/2   | 16         | h oustus   | Sm 1 H  | CARRIE                        | LOUISA   | SCHAN   |  |  |  |  |
| 1 0 1  | I fee.     | WAS DELEASED EVER IN U.S. AR   |   |                               | ADDRESS  | 21401   |  |  |  |  |
| 1 10 7/  |            | NKNOWN) [IF YES, GI  | VE WAR OR DATES) 545-16                               | 3740 ALISON WE                | BSTER. 121 St  | PA VIEW AVE ANNAPO                              |  |  |  |  |
| 2 84 2   | -          | III. CALISE OF DEATH (Foter of   | nly one couse per line far (a), (b), an               |                               | 7017   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |  |  |  |
| 1000   |            | PART I. DEATH WAS CAUSE  | D BY:   | w Heart Failu                 | re   | MonThs  |  |  |  |  |
| 1 000  |            | IMMEDIA  | TE CAUSE (a)  |                               |  | 777047113                                       |  |  |  |  |
| 1 118  |            | Conditions, if any, which  | DUE TO, OR AS A CONSEOU                               | IA T. Il.c.                   | 2050   | Tre   |  |  |  |  |
| 2 200  |            | gave rise to immediate cause (a), stating the  |   | 1                             | 7 - 1 - 2  |   |  |  |  |  |
| 1 515  |            | underlying couse last  | DUE TO, OR AS A CONSEOU                               | OSCIOROSIS                    |  | Yes.  |  |  |  |  |
| a page   |            | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING TO                            |                               | WINAL DISEASE OR CONDITION O   | SIVEN IN PART 119                               |  |  |  |  |
| The sign of the si | No.        | Dinbetes   | MelliTus  | Demention                     |  |   |  |  |  |  |
| 1 1111-  | 18         | 190 DATE OF OPERATION  | 196. CONDITION FOR WHICH                              | OPERATION WAS PERFORMED       | 20a AUTOPSY? 20b. IF Y   | ES, WERE FINDINGS USED                          |  |  |  |  |
| 1: 111   | CERTIFICAT | The state of the s |   |                               |  | TIFYING CAUSES OF DEATH? YES NO NO              |  |  |  |  |
| 7 2 2 2 2 2  | 3          | 210. ACCIDENT WAS UNDERLYING   |   | 21c HOW INJURY OCCUP          | RED (ENTER NATURE OF INJURY IN ITEM I  | 8 PART I OR PART 2)                             |  |  |  |  |
| A4 44 44   | 3          | OR CONTRIBUTING CAUSE OF DE  |   | AY YEAR                       |  |   |  |  |  |  |
| SH SH S  | MEDICAL    | 21d. INJURY OCCURRED   | 21e PLACE OF INJURY                                   | 211 LOCATION                  | CITY OR TOWN   | COUNTY STATE                                    |  |  |  |  |
| to the total   | 1 2        | HILE NOT WHILE   | (AT HOME STREET, FACTORY OFFICE, I                    | ARM ETC ) SINCET              | CHIOKIOWN  | STATE   |  |  |  |  |
| So a see E   |            | 22a.l certify that (I) (this hasp  | ital) attended the deceased fram_                     | . 19                          | 10 2/2   | 19 86 , tho (1) (we) lost                       |  |  |  |  |
| # # # # # # # # # # # # # # # # # # #  |            | The second secon |   | and that m (my) (our) opinian | death occurred on the date and h   | aur and fram the causes stated                  |  |  |  |  |
| TE WEE E   |            | 17% SIGNATURE  | w tue oddy offer death.                               | DEGREE                        |  | 22c. DATE SIGNED                                |  |  |  |  |
| 0 2 0 10 2   |            | materia  | In In Close   | James ATTENDING PHYSICIAN [   | MEDICAL STAFF DIRECTOR PHYSICIAN   | 23/86   |  |  |  |  |
| HOSPITAL<br>Med In 1<br>FUNERAL<br>Mid be der<br>Unthe Store   | 1          | MA PHYSICIAN'S NAME (114)  | (# PP(H)) //  | 22e ADDRESS                   | /  |   |  |  |  |  |
|  |            | George 5   | amdras  | 205 Rida                      | ely Ano. An  | nonitis IN                                      |  |  |  |  |
| 51 51134   | 23a        | BURIAL, CREMATION, REMOVAL   |   | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION  |   |  |  |  |  |
| BP_  |            | Burnal   | Feb 5 1984 1  | Lillarpist                    | ANNGOOLIS  | BUNTA MIST                                      |  |  |  |  |
|  | 74         | UNERAL DIRECTOR  | 11000,11001   | 25a. DA                       | TE REC'D. BY REGIS RAR 256 REGI  | STRAR'S SIGNATURE                               |  |  |  |  |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | the        | zular Finen  | al Chapel- An   | noodis mD EE                  | BO6 1986   | buridan-Nanasa                                  |  |  |  |  |
| , ,  | LL         | TAIDITION OF   | r cimber ill  | TIGID III                     | 0  |   |  |  |  |  |

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Eccully Funeral Home/ Pasadena, Md. 21122

(VRA 15, 4)

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M. M. Carlotte

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McCally tanhent hode/ Personne, Mc. 2112

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| SIAIL | Ut | MARYLAND |  |
|-------|----|----------|--|

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICIC ATE OF DEATH

| - | -             | REGISTRAR   |                |  |                          | CENTIL   | ICATE OF DEATH           |  | REG. NO.                   |                 |                   |  |                |
|---|---------------|---|----------------|--|--------------------------|--|--------------------------|--|----------------------------|-----------------|-------------------|--|----------------|
|   |               | ECEASED NAME FIRST  |                | MIDDLE   |                          | (  | LAST                     |  | 20. DATE OF DEATH MONTH DA |                 | DAY YEAR 26 HOUR  |  | R              |
|   | ( JANE        | JAMES   |                | PETER  |                          | CO   | COOPER, SR.              |  | FEBRUARY 16. 1             |                 | 1986              | 1986 9:35 Am                               |                |
| 1 | 3. SEX        | (   | TETT           | 4. RACE  |                          |  | 5. DATE OF BIRTH         |  | IN YEARS LAST BIRTI        | HDAY}           | MONTHS DAYS       |  | 24 HRS<br>MIN. |
|   |               | MALE  |                | WHITE  |                          | DECE   | MBER 21, 1910            | 0  | 75 YRS                     |                 |                   | HOURS                                      | MIN.           |
| 1 |               | TO. BIRTHPLACE (STATE OF FOREIGN TO CITIZEN   |                |  | CITIZEN OF WHAT COUNTRY? |  | D NEVER MARRIED          | 9 BALTIN                                     | AORE CITY OF               | Y OF DEATH      | FDEATH            |  |                |
| 1 |               | hode Isl  | and            | USA  |                          | WIDOWE   |                          |  | Anne Arundel Co.           |                 |                   |  |                |
|   | 10 CI         | TY OR TOWN OF   | DEATH          |  |                          |  |                          | 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR |                            |                 |                   |  |                |
| C | L             | INTHICUM  |                | 759 HAWTHORN ROAD                              |                          |  | LAB. TECH. SHELL OIL CO. |  |                            |                 |                   |  |                |
|   | LaUA<br>No S  | AL RESIDENCE (IF N  | URSING HOME OF |  | GIVE RESIDENCE BEFOR     |  | 13d. INSIDE CITY LIMITS? | 13e STREE                                    | T ADDRESS /                | ZIP COD         | F                 | Juli Property                              |                |
| B | MA            | RYLAND  | ANNE           |  | LINTHIC                  |  | YES NO X                 |  | HAWTHOR                    |                 |                   | 90,  |                |
|   | 14 FA         | THER'S NAME   | ST TO          | MIDDLE   | LAST                     |  | 15 MOTHER'S MAIDEN N     | NAME   | MIDDLE                     |                 | 14                | ST   |                |
| 0 | 1             | HENRY   |                |  | COOPI                    | ER   | EVALINA                  |  |                            | 333             | BRO               |  |                |
|   |               | VAS DECEASED EV   |                | MED FORCES?                                    | 166 SOCIAL SEC           | URITY NO.  | 17 INFORMANT             |  | ADDRES                     | 55              |                   | a Per                                      |                |
|   | (1)           | YES   | WW1            |  |                          |  |                          |  | me as 1                    | e as 13         |                   |  |                |
|   |               | 18 CAUSE OF DE  |                |  | line for 101, (b), o     | nd (c).)   |                          |  |                            |                 | BETWEEN           | XIMATE INTERV                              | VAL<br>DEATH   |
|   |               | PART I. DEATH   |                | D BY:<br>E CAUSE (0)                           | Droste.                  | re C   | encer wit                | 9 W:   | desa                       | ARes            |                   |  |                |
|   |               | DUE TO, OR AS A CONSEQUENCE OF WEARSASE   |                |  |                          |  |                          |  |                            |                 |                   | TU L                                       |                |
|   |               | Conditions, if any, which ( (b)   |                |  |                          |  |                          |  | E B 80                     | 1000            |                   |  |                |
|   |               | gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF  |                |  |                          |  |                          |  |                            |                 |                   |  |                |
| 4 |               | underlying couse last   |                |  |                          |  |                          |  |                            |                 |                   |  |                |
|   |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART  |                |  |                          |  |                          |  |                            |                 |                   | 10   |                |
|   | CERTIFICATION |   |                |  |                          |  |                          |  |                            |                 |                   |  |                |
| 7 | CAT           | 198 DATE OF OPERATION   |                | 196 CONDITION FOR WHICH OPERATION WAS PERFORME |                          |  | N WAS PERFORMED          |  |                            |                 |                   | WERE FINDINGS USED<br>ING CAUSES OF DEATH? |                |
|   | THE           |   |                |  |                          |  | YES [                    | YES NO YES NO                                |                            |                 |                   |  |                |
|   | Ü             | 21a. ACCIDENT WAS   |                | 21b. TIME O                                    | FINJURY<br>M. MONTH [    | DAY YEAR   | 21c HOW INJURY OCCU      | JRRED (ENTER                                 | NATURE OF INJUR            | Y IN ITEM 18    | PART I OR PART 2) |  |                |
|   | EDICAL        | OR CONTRIBUTING [   | _              | STES .   |                          | 19   |                          |  |                            |                 |                   |  |                |
|   | ED            | 21d. INJURY OCC   | URRED          | 21e PLACE (                                    | OF INJURY                | SARA ETC )   | 211 LOCATION             |  | CITY OR TOV                | VN              | COUNTY            | ST   | TATE           |
|   | >             | AT WORK AT  | WHILE WORK     | TAT TOME STA                                   | LLT, TACTORT, OTTICE,    | , r man, ere j                                       |                          |  | 0 - 1 - 1                  | . 01            | ,                 |  |                |
|   |               | 220.1 certify that  |                |  |                          | 12-  | 21-12-19                 | , to   | 12/16                      | 106             | . 19              | that All                                   | ve) lost       |
|   |               | sow the deceased alive on the date and hou on above. (I) (we take the date and hou on above.) |                |  |                          |  |                          |  |                            | ui and from the | e couses sto      | ted  |                |
|   |               | 22b. SIGNATULE DOGS OFF GEOTI.  |                |  |                          |  |                          |  | 22c. DAT                   | SIGNED          | 0.1               |  |                |
|   |               |   |                |  | 1                        | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN |                          |  |                            |                 | 17/3              | Ph   |                |
|   |               | 22d. PHY SICIAN'S NAME THE COMMO  |                |  | 77e. ADDRESS Suite 204   |  |                          |  |                            | 210             | 61.               |  |                |
| - |               | Dr. Ch  | arles V        | Woo, MD 7845 Oakwood Road, Glen Burnie,        |                          |  |                          |  | rnie, M                    | aryla           | nd                |  |                |
|   |               | URIAL, CREMATIC   | ON, REMOVAL    | 23b DATE                                       | 23c                      | NAME OF C  | EMETERY OR CREMATORY     |  | CATION                     |                 |                   |  |                |
|   |               | SPECIFY) BURTA  | ΛT             | FEB. 19  | 1996 T                   | OHDON  | PARK CEMETE              |  | TTMODE                     | CTTV            | COUNTY            |  | IATE           |

DHMH - 16 60M 7/84 (VRA 15, 4)

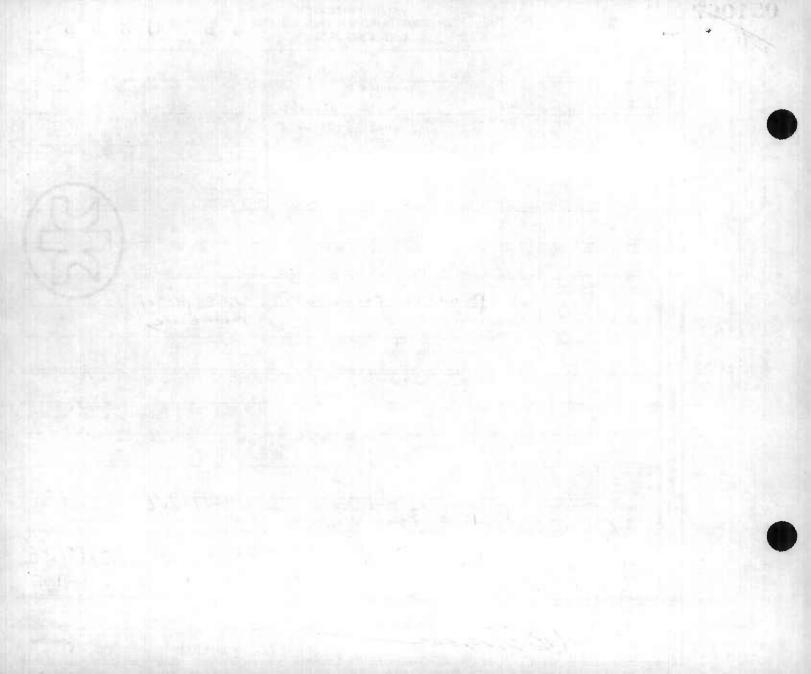
24 FUNERAL DIRECTOR

BP.

SINGLETON FUNERAL HOME GLEN BIL GLEN BURNIE, MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND A 1000 FFR 18

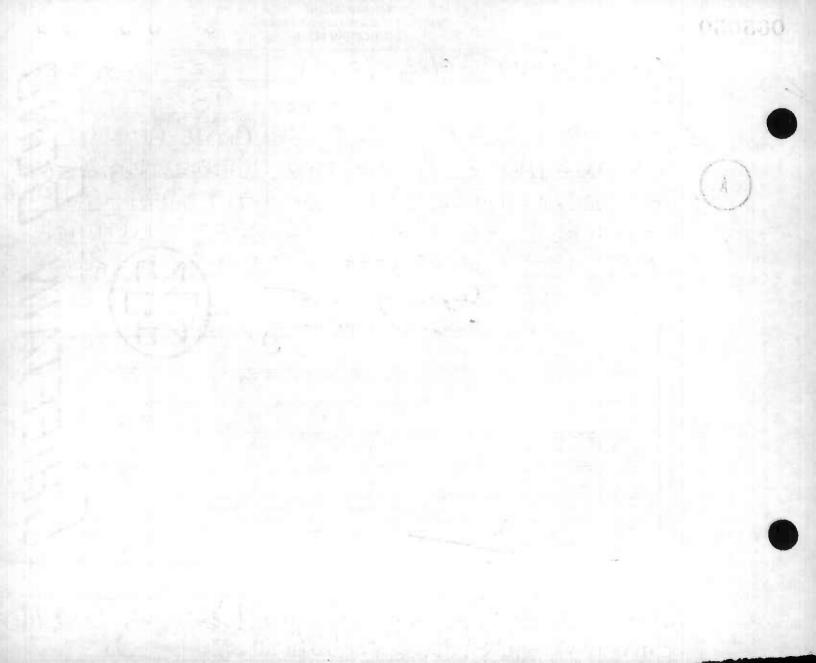
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| <b>(</b> )            |                                 |               | FOR  | DEPARTA   | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG | IENE   |   |
|-----------------------|---------------------------------|---------------|--|---|---|--|---|
| 05                    | 5112                            | 1.            | STATE<br>REGISTRAR                                       | DEI ARTI  | CERTIFICATE OF DEATH                            | S S REG. NO.   | 3 3 8 3   |
|                       | 0.5                             |               | CEASED NAME FIRST  | WIDDLE  | LAST  | 26. DATE OF DEATH MONTH  | DAY YEAR 26 HOUR                                |
| y be                  | o deoth                         |               | Graha  |   | Cranston, Jr.                                   |  | 986 M   |
| E 4                   | of e                            | 3. SE         | x<br>Male  | 4. RACE   | S. DATE OF BIRTH                                |  | WONTHS DAYS HOURS MIN.                          |
| 900                   | o suns o                        | 200           |  | White   | June 1, 1929                                    | 56 YRS   |   |
| F 4                   | 2 2                             | 70. B         | RTHPLACE (STATE OR FOREIGN                               | 76 CITIZEN OF WHAT COUNTRY?  USA                            | MARRIEN MEVER MARRIED                           | 9 BALTIMORE CITY OR COUNTY   | OF DEATH  |
| 0 0                   |                                 | 10.0          | Maryland ITY OR TOWN OF DEATH                            | 11. NAME OF HOSPITAL, NURSIN                                | WIDOWED DIVORCED DIVORCED                       | A.A.CO.  | MD.   |
| fold                  | 100                             |               | Pasadena   | 1234 HITIST   | geress) Rd. Pasadena,                           | Transfer work for working Life Brick Layer   | 126. KIND OF BUSINESS OR INDUSTRY COnstruction  |
| 1                     | 1器Hac                           | 73a           | STATE 136 COU  |   | 1 13d INSIDE CITY LIMITS?                       | 130.STREET ADDRESS / ZIP CODE  | Md.21122  |
| 1                     |                                 |               | aryland A.A  | .Co. Pasadena   | YES NO P  | 1234 Hillsid   | e Rd. Pasadena                                  |
| , n                   | 1020                            |               | GRÄHAM   | R. CRANSTON   |   |  | STRAN   |
| 000                   | S CO                            |               | VAS DECEASED EVER IN U.S. AF                             |   | RITY NO. 17 INFORMANT                           | ADDRESS  |   |
| e e                   | Poges                           | (             | YES, NO OR UNKNOWN) (IF YES, GI                          | -4-56 220-24-6  | 6200 Mrs Charlo                                 | tte Cranston S   | ame as above                                    |
| o te                  | pers<br>ol.                     |               | 18 CAUSE OF DEATH (Enter or                              | nly one cause per line for (a), (b), and                    |   |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| irrific               | ewo<br>even                     |               | PART 1. DE ATH WAS CAUSE<br>IMMEDIA                      | TE CAUSE (0) RESPINA  | tory talluve                                    |  | DAYS  |
| e 4                   | corb<br>corb<br>, or r          | 1             |  | DUE TO, OR AS A CONSEQUE                                    | NCE OF  | 1 5 0  | > 1   |
| o o o                 | move o                          | 3             | Conditions, if ony, which gove rise to immediate         | ( 1b) SP//V/  | at cours  | TUMOR  | DX12 020  |
| the state of          | oy magazina<br>J. crem<br>other | и             | couse (a), stating the underlying couse lost             | DUE TO, OR AS A CONSEQUE                                    | NCE OF  |  |   |
| 4 4 7                 | plear<br>priot,                 | 4             | PART 2 OTHER SIGNIELS ANT                                | (c)   | EATH BUT NOT RELATED TO THE TERM                | NAME OF THE PROPERTY OF THE PR |   |
| a unba                | Then<br>to be                   | NO            | THE STORY ICAN   | CONDITIONS CONTRIBOTING TO D                                | EATH BOT NOT RECATED TO THE TERM                | INAL DISEASE OR CONDITION GIV  | EN IN PART ITO                                  |
| 3 4                   | Drior<br>ony                    | CERTIFICATION | 190 DATE OF OPERATION                                    | 196 CONDITION FOR WHICH                                     | OPERATION WAS PERFORMED                         | 20a AUTOPSY? 20b. IF YES   | , WERE FINDINGS USED                            |
| be lo                 | ows and                         | TIFIC         |  |   |   |  | YING CAUSES OF DEATH?                           |
| Z S                   | Hygin 18 sh                     |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 216. TIME OF INJURY HOUR A.M. MONTH DA                      | Y YEAR 21c. HOW INJURY OCCURR                   | ED (ENTER NATURE OF INJURY IN ITEM 18 P.   | ART I OR PART 2)                                |
| SICIVE P              | tem                             | MEDICAL       | LIFEITHER NOTIFY MEDICAL EXAMINE                         | P.M.  | 19  |  |   |
| PHY                   | s the bu                        | MED           | 21d INJURY OCCURRED  WHILE NOT WHILE                     | 21e PLACE OF INJURY<br>(AT HOME STREET, FACTORY, OFFICE, FA | RM, ETC.) 211 LOCATION<br>STREET                | CITY OR TOWN   | COUNTY  |
| NO TO TO              | ilth o                          |               | AT WORK AT WORK  |   | 76 4014 11 53                                   |  |   |
| TEND OF STANK         | T is n                          | 100           | saw the deceated alive on                                | tol) offended the deceased from                             | 5 and that in my (pur) apinion                  | , to   | 19, that (I) (we) lost                          |
| OR ATTEN              | pt. o                           |               | 27h SKG-LATURE   | view the body after death                                   | VI DEGREE 10 0                                  | sediff decorred on the date ond noor   | The DATE-SIGNED                                 |
| the o                 | detoch<br>ote De<br>VT: If #    | 8             | dan  | Is Van  |   | MEDICAL STAFF DIRECTOR PHYSICIAN   | 2/12/5/   |
| HOSPITAL<br>ned by th | 4 50 5                          | 9             | 224 PHYSICIAN'S NAME (TYPE C                             | OR PRINT!   | 22e ADDRESS                                     | DIRECTOR PHYSICIAN   | 15/100  |
| O HOS                 |                                 |               | ZAVID L.   | VAN ECH   | 122506  | ruent St   | BAITO, MH                                       |
|                       | 2 3 4                           | 23a E         | URIAL CREMATION, REMOVAL                                 |   | AME OF CEMETERY OR CREMATORY                    | 23d LOCATION   | L'OUNTY STATE                                   |
| BP                    |                                 |               | Burial   |   | llaney Valley Co                                | emt. Balto. C  | o. Maryland                                     |
|                       | 16 60M 7/B4                     |               | McCully Fune   | sadena, Md. 2412<br>ral Home, Mt. &                         | 250. 250.                                       | BI 9 1986 TEST   | BAB TOSIGNA Mandala                             |
| (VKA                  | A 15, 4)                        |               | rodurty rune   | ral Home. Mr. &   | Tickneck Rds.                                   |  |   |

to the same of the same THE MENT OF THE PARTY OF THE PA Regendery Enlane SPINAL CORD THRABE 3715 000

| 065060  | FOR STATE REGISTRAR  | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 3 8 0  |
|---|--|--|
| d within 24 hours ofter death rage 4 may be the rectar, page 3 may be the rectar, page 3 may be the rectar, page 3  | I. DECEASED NAME (TYPOR PRINT)  3 SEX  TO BIRTHPLACE (STATE OF FOREIGN CODNIRY)  ITY OR TOWN OF DEATH  AND OSUAL RESIDENCE (IF NURSING HOM (BASTATE)  A FATHER'S NAME  FIRST  FROM  FROM | AND THE CONTROL OF DEATH MONTH ON YEAR 18. HOUR 2 - 8. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. RACE S. DATE OF BIRTH ON YEAR OF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MISS.  1. AGE (INXEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UN |
| DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212C quires that the death certificate be executed within 24 hours signed by the attending physician and certific the ben please remove carbon papers. Pages Land. Cremation, or removal. jury, or other traumatic event, the medical page.   | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  | only one cause per light for 101, (b), and a   |
| HOSPITAL OR ATTENDING PHYSICIAN: The low restand by the hospital or attending physician. FUNRAL DIRECTOR, After this certificate has been ould be detached for use as the bunal-transit permit. If the State Dept. of Health and Mental Hygiene prior is portant. If them 21 is marked or lean 18 shows only in the State Dept. | 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM AT WOOR AT WOOR AT WOOK 220. 5  | HOUR A.M. MONTH DAY YEAR  P.M. 19  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  STATE  Sepital) attended the deceased from   |
| DHMH - 16 60M 7/84  | 23-BURIAL, CREMATION, REMOVE MATION 24-FONERAL DIRECTOR  ATMERAL DIRECTOR  | AL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY DE TOWN TO BELLENATION COUNTY BOLLANDEM THE THE TOWN TOWN TO BE TOWN THE  |



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|                            | 1-            | REGISTRAR   |                           |   |   | CERTIF                               | ICATE OF D               | EATH                       | 0 0   | EG. NO.          | 0   | EST                        |
|----------------------------|---------------|---|---------------------------|---|---|--------------------------------------|--------------------------|----------------------------|---|------------------|---|----------------------------|
|                            |               | OR PRINT)   | YC                        |   | NCENT                                       | CROTSL                               | EY                       |                            | FEBRU                                       | ATH MONTH        | 2, 1985                                     | 28 HOUR<br>0825            |
| 1                          | 3. SE>        |   | I Maria                   | 4 RACE  | 77.00                                       | S. DATE C                            |                          |                            | 6 AGE (IN YEARS                             | LAST BIRTHDAY)   | IF UNDER 1 YEA                              |                            |
| 1                          | M             | ale   |                           | Wh  | ite   | Mar                                  | ch 31                    | 1909                       | 76  | Y                | RS. MONTHS DAY                              | S HOURS                    |
| 10                         |               | RTHPLACE (STATE OR F  | 9,444                     | 76 CITIZEN OF W                                   | HAT COUNTR                                  | MARRIE                               | D NEVER M                |                            | 9 BALTIMORE                                 |                  | PEL COUNT                                   | Y                          |
| ST.                        | 10. CT        | Itoona, Pa<br>IY OR TOWN OF DEA<br>GLEN BURNI   | TH                        | USA<br>11. NAME OF H                              | ARUNDEI                                     | WIDOWE<br>SING HOME C<br>LEFT HIOSPI | OR OTHER INST            | ORCED                      | 12a USUAL OCC<br>(TYPE OF WORK FOR<br>Crane |                  | ING LIFE) INDUSTR                           | OF BUSINESS<br>Y<br>emical |
| 35                         | 13a. S<br>Mā  | L RESIDENCE (# NURS<br>TATE<br>aryland  | 13b. COUN                 |   | 13c. CITY OR TO                             |                                      | 13d. INSIDE CI<br>YES [] | NO 🔀                       | 13e STREET ADD                              |                  |   |                            |
| 120                        |               | THER'S NAME<br>FIRST<br>Amuel   | ,                         | MIDDLE  | Cro   | tsley                                |                          | MAIDEN NA/<br>FIRST<br>CMA |   | DDLE             |   | han                        |
| dicol                      |               | AS DECEASED EVER  |                           | MED FORCES?                                       | 166 SOCIAL SE                               | CURITY NO.                           | 17. INFORMAL             | NT                         |   | ADDRESS          |   |                            |
| шес                        | ,             | Yes   | ?                         | E WAR OR DATES)                                   | 203.10                                      | .8336_                               | Dixie                    | L. Cro                     | tsley                                       | (wife)           | Same As                                     | 13                         |
| y injury, or other traum   | MION          | Canditions, if any, gave rise to imm cause (a), stotin underlying cause  PART 2 OTHER SIGN  | nediate<br>g the<br>last  | DUE TO, OR  |   | DUENCE OF                            |                          |                            |   |                  |   |                            |
| shows an                   | CERTIFICATION | 190 DATE OF OPERAT  | ION                       | 196 CONDII  | ION FOR WHI                                 | CHOPERATIO                           | N WAS PERFOI             | RMED                       | YES NO                                      |                  | IF YES, WERE FIND<br>ERTIFYING CAUSI<br>YES |                            |
| marked ar Item 18 sh       | MEDICAL CER   | 21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHITE AT WORK NOT WH AT WOR 22a.1 certify that (1) | AUSE OF DEA<br>ALEXAMINER | HOUR A.M<br>P.M<br>21e. PLACE O<br>(AT HOME, STRE | A. MONTH A.  PE INJURY  ET, FACTORY, OFFICE | 19<br>CE, FARM, ETC.)                | 211 LOCATIO              | 1800                       |   | OF INJURY IN ITE | COUNTY                                      | STAI                       |
| With the State Dept. of He |               | sow the deceose<br>above (1) (we) (a<br>22d PHYSTCIAN'S NA  | ed alive an lid) (did not | Level Jeen  | tter death 19                               | 25,01                                | DEGREE<br>A<br>P         | TTENDING PHYSICIAND        |   | STAFF            | 22c. DAT                                    | ie couses state E SIGNED   |
| **                         | 11            | URIAL, CREMATION,  Burial  NERAL DIRECTOR   | 1                         | Jan. 5  | 100000000000000000000000000000000000000     |                                      | emetery or c             | em. Par                    |   | Burni            |   | co. Md.                    |
| 4/83                       |               | Singleton   | -0-0                      | al Home   | Glen  | Burnie                               | e, Mary                  |                            |   |                  | GISTRAR'S SIGNA                             | - Aande 80                 |

DHMH - 16 50M 4/83 (VRA 15, 4)

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| two stades and and appropriate                                | VINCENT OF HERE     | PM           |      |
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DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home 13e STREET ADDRESS / ZIP CODE 852 Stevenson Rd. 21144 Vincent same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ELAYS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO I 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE and that in (my) (aux) apinian death accurred an the date and hour and from the causes slated 71: DATE SIGNED 200 HOSPITAL DRIVE Burial Glen Burnie M D. Feb. 86 Glen Haven Mem. Pk 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURANTE James S. Kirkley Glen Burnie, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

HOURS

IF UNDER 1 YEAR

DATES AND DE TOUR STREET and the second second second Marie dell'appropriate dell'Archie dell'Ar - AS Secretaria Sec. Of mapping -3-11-6

STATE OF MARYLAND

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

|   | REG. NO.                        |         |         |                |     |  |
|---|---------------------------------|---------|---------|----------------|-----|--|
|   | 20 DATE OF DEATH MONTH          | 0-8     | YEAR 16 | 26 HOU         | E   |  |
|   | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR  | IP UNDER 24 HR |     |  |
| , | 56 YRS                          | MONIHS  | DATS    | HOURS          | MII |  |
|   | A BALTIMORE CITY OR COUNT       | VAFOR   | ATLL    |                |     |  |

|         | 10                          |
|---------|-----------------------------|
|         | 76 CITIZEN OF WHAT COUNTRY? |
| ARYLAND | U.S.A.                      |

MIDDLE

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0-03-Q E MARRIED XXX EVER MARRIED

ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

18. CITY OR TOWN OF DEATH ANNAPOLIS

ARUNDEL GENERAL HESPITAL

13. Stee Appress of Avenue 2/40

| 1 | USUAL RESIDENCE | (IF NURSING HOME OR OTHER INSTITUTION 135 COUNTY |
|---|-----------------|--|
| 1 | 130. STATE      | 136 COUNTY                                       |
| ì | MARYLIND        | A.A.   |
| • |                 | ******   |
|   | 1               |  |

MARYLAND

- STATE

TYPE OR PRINT

DECEASED NAME

ANN APOLIS

15 MOTHER'S MAIDEN NAME JANIE

136 INSIDE CITY LIMITS?

NOF

GROSS

FIRST GOERGE 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

CERTIFICATION

18 sh

SPENCER HEYES GIVE WAR OR DATES!

166 SOCIAL SECURITY NO

17. INFORMANT Annapolis, Moore 21403 LEOLA BROWN 910 Windsor Avenue

| 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Respect for feet lace | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
|---|---|
| DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (b) Directory   |   |
| gove rise to immediate cause (a), stating the underlying cause last (c)   |   |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY MONTH DAY YEAR HOUR A.M. 21e PLACE OF INJURY

211 LOCATION COUNTY CITY OR TOWN

ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated

200 AUTOPSY?

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from

226 SIGNATURE

DEGREE

PHYSICIAN A DIRECTOR | PHYSICIAN 221 DATE SIGNED

STATE

230 BURIAL, CREMATION, REMOVAL

22e ADDRESS

231. NAME OF CEMETERY OR CREMATORY BREWER HILL CEMETERY

23d LOCATION Annapolis

Maryland

DHMH - 16 60M 7/B4

(VRA 15, 4)

BURTAL 2-24-1986 24 FUNERAL DIRECTOR Annapolis, Md. 21401

WILLIAM REESE & SONS MORTUARY, P.A.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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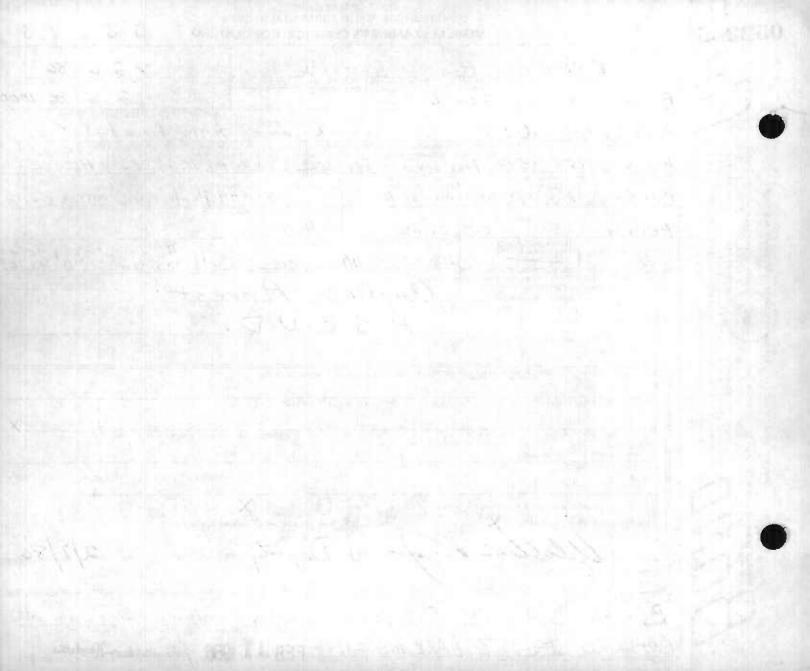
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STATE OF MARYLAND

MERLE R SEE DANSON 25 18 14 1986 34 356 40 Am 321.4 3 - 3 - 4/1/ My Mil USA X HAVE LAURDEL Anneres Annus of Cour Ges - U.S. Frency Dofferso 1810 A P. Co. Hurmons X 15 Hearn AN DE ZING William Day see Pence Bussel History BURNACE : 14 ME HOLLIGTER LATER FARENCED VA 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME ESTI-(TYPE OR PRINT) DEATH MATED 1986 2d. HOUR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 1000 26-06 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS HOME errace 13d. INSIDE CITY LIMITS? erview lerrace 21401 15. MOTHER'S MAIDEN NAME uenina 166. SOCIAL SECURITY NO 7. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO Y ?1a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING UOR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIORI 211. LOCATION 218. PLACE OF INJURY (ATHOME STATE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY AT WORK WHILE NOT WHILE AT WORK Inspection 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my opinion Natural causes Undetermined manner death resulted fram: Accident Suicide Hamicide SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** OH 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE BP **DHMH-17** (VR A15 ME (5)) PARK MD 21146 15M 7/76



STATE OF MARYLAND

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HT ASSESSMENT OF BUILDING THE BUILDING

|  |   |                       | FOR<br>STATE   |   |  | EPARTMENT OF   | HEALTH   |                                 |  | 0 3                 | 3 9              | -5                |
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| 0.0  | 517.1   |                       | REGISTRAN  |   | MED  | ICAL EXAMIN  | IER'S C  |                                 | F DEATH REC  | G. NO.              | 0                |                   |
| 0 3  | 2 8 8 8 8 F. A  |                       | CEASED NAME<br>PEOR PRINT)                                   | Baldo                                   | (1   | N.M.I.)  |          | girolamo                        | 20. DATE KNOW<br>OF ESTI-<br>DEATH MATER                           |                     | DAY YEAR 4 19 86 | 26. HOUR          |
|  | SY, PLEADURECTO   | 3. SE)                |  | ite                                     | S. DATE OF BIRTH MONTH DAY  April 2.18                 | YEAR 6. AGE (IN YE LAST BIRTHD   |          | DER I YR. IF UNDER              | 24 HRS. 2c DATE MIN PRONOUNCED DEAD                                | монтн               | 5 19 86          | 2d HOUR           |
| 2  | NECESSARY, PLEASE LUNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS WITHIN 72 HOURS WITHIN 72 HOURS WITHIN 73 HOURS WITHIN 73 HOURS WITHIN 74 HOURS WITHIN 74 HOURS WITHIN 75 HOURS WITHIN 7  | FQ                    | RTHPLACE (STATE OF   | 1                                       | 76 CITIZEN OF WH                                       | AT COUNTRY?  |          | D NEVER MARR                    |  | _                   | Y OF DEATH       | 71111             |
| 1  | ID CITY OR TOWN OF DEATH  |                       |  |   | 11. NAME OF HOSP                                       | NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12 FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) |          |                                 |  |                     |                  | JSINESS<br>RY Dry |
| _ 1  | AND 3 TO PER SET STATE OF THE SET STATE   | USU/<br>13a S         |  | 13b COUN'                               | ROTHER INSTITUTION, GIVE                               | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  |          |                                 |  |                     |                  |                   |
| E, MD. 2   | PM 3<br>VD 2<br>VITAL   | 14. F/                | ATHER'S NAME<br>FIRST  | T X O C                                 | MIDDLE LAST Digirolamo                                 |  |          | 15. MOTHER'S MAID FIRST Frances |  |                     | Unknown          |                   |
| MON  |   | 160 V                 | MAS DECEASED EVE   |   | MED FORCES?  | 166 SOCIAL SECURIT   |          | 17. INFORMANT                   | ADD  |                     | ess Sam          |                   |
| ALTI   | URS AFTER 8. GIVE PA WITH FOR WITH FOR DIVISION   | No                    |  |   | WAR OR DATES!  | 214-34-6601  |          | Mrs. Vita                       | Digirolamo   | No#1                | 3.               |                   |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2126 | D BE EXECUTED WITHIN 24 HOUS FENDING" IN PEROLIL IN ITEM 18, MEDICAL EXAMINER ALONG WAS A BURRAL TRANSIT PREMIT, AS A BURRAL TRANSIT PREMIT, EAITH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL.   | NO                    | Canditians, if gave rise to cause (a) static lying cause las | immediate<br>ng the <u>under-</u><br>t. | (b)<br>DUE TO, OR A                                    | AS A CONSEQUENCE  AS A CONSEQUENCE  UT NOT BELAIED TO THE TERM   | OF       | OR CONDITION GIVEN IN PA        | RT 1 (o),  |                     |                  |                   |
| AL RE  | SHOULD<br>ORD "PE<br>CHIEF A<br>CHIEF A | CAT                   | 190. DATE OF OPE   | RATION                                  | 19b. CONDITI   | ON FOR WHICH OPER  | ATION W  | AS PERFORMED?                   |  |                     | 20 AUTOPSY       | ?                 |
| ISION OF VIT   | THE WASTINE WASTINE WASTINEN  | MEDICAL CERTIFICATION | 210. EXTERNAL CA<br>UNDERLYING<br>CONTRIBUTING               | OR<br>CAUSE OF D                        | 21b. TIME OF<br>HOUR A.M.<br>DEATH P.M.<br>21e PLACE O | MONTH DAY YEAR   | 211. LOC |                                 | D LENTER NATURE OF INJURY IN ITI                                   | EM 18 PART 1 OR PAR | YES T            | № Д               |
| _  | ARRIAN<br>120   | ME                    | WHILE AT WORK  | T WHILE C                               | STREET, FACTO  | DRY, FARM, ETC.)   | SI       | REET                            | CITY OR TOWN   | COU                 | NTY              | STATE             |
| •  | TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLITMORE, MARYLAND, 2   |                       | death resulted fro   | m: Natur                                | e af the remains desc<br>al causes,<br>M. Dixon,       | Accident , Su  |          | Hamicide                        | In X. Inquiry  Undetermined manner  MEDICAL EXAMINER  Penn St., Ba | and in my api       | 2-5-8            |                   |
|  | PAGE PAGE   | 23o. B                | (TYPE OR PRINT)URIAL, CREMATION                              |   |  | 23c. NAME OF CE  |          | DDKE33                          | 23d. LOCATION<br>CITY OR TOWN                                      |                     |                  |                   |
| 07/84  | BP  | (9                    | Buria  |   | eb.8,1986  |  |          | Cemetery                        | Brentwood  | P.G.                | Mary             | land              |
| 25M  | DHMH - 17<br>(VR A15 ME (5))  | 24 FI                 | Gasch's  | Sons F                                  | H. PADPRESS  | Hyattsville  | , Mai    | ryland FF                       | B 1 3 1986   | REGISTRAR'S SI      | GNAT Binds       | PQ.               |

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s. Sencirs Somer, I. A. Hyntisville, American Ties a 1985.

|                 |   |  | STATE OF MARYLAND  |   |  |
|-----------------|---|--|--|---|--|
| 1 -             | STATE   | DEPART   | MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH   | HYGIENE 8 6 0 3 3 9   | 6  |
| DEC             | ASED HAME   | MIDDLE   | LAST   |   | HOUR   |
| TITE .          | EL  | NONA E.  | DRISCOLL   | 02,04,86 1  | :11PM  |
| SEX             |   | 4 RACE   | 5. DATE OF BIRTH   | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UN MONTHS DAYS HOU   | NDER 24 HRS  |
|                 |   | Caucasian  | Feb. 18 1902   | 2 83 YRS  |  |
| BIR             | THPLACE (STATE OR FOREIGN   |  | 7 18   |   | 7 30 0   |
| 10/3.TV         | The American Control of the Control |  | - College  |   | MD.  |
|                 | 7.475   |  |  |   | SINESSOR   |
|                 |   | UNITY 13C_CITY QR_TO   | WN [134 INSIDE CITY LIMI   |   | 1035   |
| 22.03           | FIRST   | MIDDLE LAST  | 15 MOTHER'S MAIDE  | MIDDLE  |  |
| _               |   |  | Lena   |   |  |
| o W             | AS DECEASED EVER IN U.S. AS O OR UNKNOWN] (IF YES, O  | GIVE WAR OR DATES)   |  | riscoll, Jr. Davidsonville, M   | d.<br>Md.  |
|                 | Canditions, if any, which gave rise to immediate couse (o), stofting the underlying cause last.   | DUE TO, OR AS A CONSEQUENCE  | UENCE OF   | etur lingderla  |  |
| NOI             | au  | of diation,  | Juspoled,  | ischaus bouch infant,   |  |
| FEC             | 9a DATE OF OPERATION  | 196 CONDITION FOR WHIC   | H OPERATION WAS PERFORMED  | IN CERTIFYING CAUSES OF D   | JSED<br>DEATH?   |
| ¥               | OR CONTRIBUTING CAUSE OF  | HOUR A.M. MONTH  | DAY YEAR   | CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  |  |
| MEDIC           | III INJURY OCCURRED   | 21e PLACE OF INJURY  | 211 LOCATION   | CITY OR TOWN COUNTY   | STATE  |
| 1               | AT WORK AT WORK   |  | 7/3  | M 3.5 86  | <u> </u>   |
|                 |   |  | nond that in my war ap   | inian death accurred an the date and havi and fram the cause  | D(we) last   |
|                 | abave, ( wall did who   | ot) view the bady after death.   | DEGREE   | 22c DATE SIQN   | 110  |
|                 | 226 SIGNATURE   |  |  |   | IFD  |
|                 | SIGNATURE WILL  | A. Doenta  | ATTENDI  | NG MEDICAL STAFF  | /  |
|                 | SIGNATURE WILL  | J. Dolenta<br>S. Lafenin MI  | ATTENDITION PHYSICIAN PHYS | NG MEDICAL STAFF 2/4/90 DINGS AVE AWARDUS   | /  |
| 3a RI           | 176 SIGNATURE  1724 PHYSICIAN'S NAME (114)  1734 CREMATION REMOVE   | J. La PENDA MI<br>AL 236 DATE 236  | PHYSICIA<br>220 ADDRESS<br>70361   | DINGS AND AWARDUS  ORY 1384 LOCATION  CITY OF TOWN  | 6, Md1   |
| 3a. Bl          | 276 SIGNATURE  MULL  278 PHYSICIAN'S NAME (14P)  MULL  MULL | J. La PENDA MI<br>AL 236 DATE 236  | PHYSICIA<br>220 ADDRESS<br>7036<br>NAME OF CEMETERY OR CREMATOR<br>rlington Nat'l.   | DINGS AND AWARDUS  ORY 1384 LOCATION  CITY OF TOWN  | Md2<br>STATE   |
| AI CEOTIECATION | SEX Fe BIR MA CIT And STATE OF THE STATE OF | TATE MARY AND THE STATE OF CONTRIBUTING OR CONTRIBUTION OR CON | THE REGISTRAR    A RACE   Caucasian  | DEPARTMENT OF HEALTH AND MENTAL  CERTIFICATE OF DEATH  AND CERTIFICATE OF DEATH  CRUCASIAN  ARCE  CAUCASIAN  ARCE  CAUCASIAN  BIRTHPLACE  (STATE OF BIRTH  TEAM  CAUCASIAN  Feb. 18 1902  BIRTHPLACE  (STATE OF BIRTH  TEAM  TOWN MARRIED  MARRIED  MARRIED  MARRIED  MODIE  ARRIED  MARRIED  MARRIED  MODIE  MODIE  MODIE  MODIE  MODIE  MODIE  MODIE  MODIE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REGISTRAR  CERTIFICATE OF DEATH  REGISTRAR  DECEASIONAME  FOR DATE OF DATE MODIT  REGISTRAR  CAUCASIAN  REGISTRAR  REGISTRAR  CAUCASIAN  REGISTRAN  CAUCASIAN  REGISTRAR  REGISTRAR |

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|  | FOR<br>T- STATE    |   |   | DEPAR   | TMENT OF H    | E OF MARYLAND<br>EALTH AND MEN | NTAL HYGIE    | NE Q A                                       | 0                        | 3                         | 3 9                      | 1              |
|--|--------------------|---|---|---|---------------|--------------------------------|---------------|--|--------------------------|---------------------------|--------------------------|----------------|
| 062020   | REGISTRAR          |   |   |   |               | ICATE OF DEA                   |               |  | G. NO.                   |                           |                          |                |
| . 64   | 1. DECEASED NAM    |   |   | WIDDLE  |               | AST                            | 2             | a. DATE OF DEAT                              |                          |                           |                          | HOUR PM        |
| 10 and 10 |                    | Elizab                                      |   | М.  | -             | SON                            |               | February                                     |                          | 1986                      |                          | :35 M          |
| ge 4 mg  | FeMal              | .e  | Caucas  | sian  | 5. DATE O     |                                |               | AGE (IN YEARS LAS                            | ST BIRTHDAY)             |                           | DAYS HOL                 | URS MIN.       |
| 2 30 K/2   | To BIRTHPLACE      | STATE OR FOREIGN                            | 76 CITIZEN OF                                 | WHAT COUNTRY                                    | Y2 8          | NEVER MAR                      | 9             | BALTIMORE CIT                                | Y OR COUN                | TY OF DEA                 | тн                       |                |
| 000  | Pennsylv           | rania                                       | USA   |   | WIDOWE        |                                | RCED          | Anne Art                                     | undel (                  | County                    |                          | MD.            |
|  | Annapoli           |   | (IF NOT IN SUC                                | HOSPITAL, NURS CHEACILITY, GIVE STRE CUNDEL GO  | ET ADDRESS)   | Hosp.                          |               | USUAL OCCU<br>TYPE OF WORK FOR MY<br>Self-em | PATION<br>OST OF WORKING | 12b. KI                   | IND OF BU                | Store          |
| 35   | Maryland           | E OF NURSING HOME O<br>136 EOU<br>Pr G      | eorge s                                       | GIVE RESIDENCE BEFO<br>13c. CITY OR TO<br>Bowie |               | 13d INSIDE CITY YES X NO       | LIMITS?       | STREET ADDRE                                 | SS / ZIP CO              | DE<br>Lane                | 2071                     | 15             |
| 1 100/6/   | unk.               |   | WIDDLE  | Cutel   | her           | 15. MOTHER'S MA                | AIDEN NAME    |  |                          |                           | LAST                     |                |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | YES, NO OR UNK     | ED EVER IN U.S. AI                          | RMED FORCES?                                  | 16h SOCIAL SEC                                  |               | 17 INFORMANT                   |               |  | DRESS                    |                           |                          |                |
| 2 14 6   | NO                 | _   |   | 186-01  | -1565 -1      | : Kathe                        | erine E       | . Carmor                                     | na s                     | ame a                     |                          |                |
| a physic<br>on pape<br>emoval  | PART I. [          | OF DEATH (Enter of DEATH WAS CAUS)  IMMEDIA | only one couse per<br>ED BY:<br>ATE CAUSE (o) | Hyper   |               | K                              |               |  |                          |                           | PPROXIMATE<br>WEEN ONSET | AND DEATH      |
| and the same of th |                    |   | DUE TO, O                                     | R AS A CONSEQ                                   | UENCE OF      |                                |               |  |                          |                           |                          |                |
| dec other characters of the ch |                    | , if ony, which                             | (b)_  | acute   | Renal         | Failure                        |               |  |                          | 2                         | day                      | 2              |
| that the<br>d by the<br>nase ren<br>of, crem<br>or other t   | cause (a)          | stoting the                                 | DUE TO, O                                     | RAS A CONSEQUENCE                               |               | entestinal                     | 1 Hemo        | mage   |                          | ١                         | day                      |                |
| de policie de la composition della composition d |                    | HER SIGNIFICANT                             |   |   |               |                                |               |  |                          | SIVEN IN PA               | ART Ira                  | ,              |
| 1 11 1   | o Sevi             | ere End '                                   |   | -12 hremer                                      | Dide          |                                | rebete        |  |                          |                           |                          |                |
| A STATE OF   | Sevice 190 DATE OF | FOPERATION                                  | 196. COND                                     | ITION FOR WHIC                                  | TH OPERATIO   | N WAS PERFORM                  | ED            | 20a AUTOPSY?                                 | IN CER                   | 'ES, WERE F<br>TIFYING CA | USES OF I                | USED<br>DEATH? |
| 68 2380  | ACCIDEN            | IT WAS UNDERLYING                           | 21b. TIME C                                   | DE INTITION                                     |               | 21. HOW INTILLE                | DV OCCUPRE    | YES NO                                       |                          | YES [                     |                          | 0 🗆            |
| 34 404 7   | OD CONTRIBUT       | TING CAUSE OF DE                            | - 110110 4                                    |   | DAY YEAR      | ZIC. HOW INJUR                 | KT OCCURRE!   | ENTER NATURE OF                              | INJURY IN ITEM II        | B PART I OR PA            | .RT 2)                   |                |
| 35 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8   | ~                  | OCCURRED                                    |   | .M.<br>OF INJURY                                | 19            | 21f LOCATION                   |               |  |                          |                           |                          |                |
| afferd<br>of the th<br>of the th<br>of the th  | ZIG. INJORY        | NOT WHILE AT WORK                           |   | REET, FACTORY, OFFICE                           | E. FARM ETC ) | STREET                         |               |  | DR TOWN                  | COUN                      |                          | STATE          |
| No wash  |                    | that (1) (this hasp                         |   |   | 97            |                                | 19_85         |  |                          | 19 8 6                    | , tho 🔇                  | (we) lost      |
| F1 535 5   |                    | e deceased alive or<br>(D)(we) (did (did n  | FEB   | after deoth.                                    |               | d that in (au                  | r) opinion de | oth occurred on th                           | ne date and h            |                           |                          |                |
| P D P P P P P P P P P P P P P P P P P P  | 226 SIGNA          | 11/   | 0   |   |               | DEGREE                         | ENDING        | MEDICAL                                      | CTARE                    |                           | DATE SIGN                |                |
| 7 7 7 8 6 5 ·  | Inde               | 10 10-                                      | le  |   | 1             |                                | SICIAN I      | MEDICAL<br>DIRECTOR PH                       | YSICIAN [                | FE                        | B 26,                    | 1986           |
| D HOSPI<br>Coned &<br>O FUNE<br>odd the<br>off the S   |                    | Robert N.                                   |   | , M. D.   |               | 780 Rit                        | chie H        | wy. Seve                                     | rna Pa                   | rk, M                     | D 21                     | 146            |
| 58 52131   | 230. BURIAL, CREA  | AATION, REMOVA                              | L 23b. DATE                                   | 230   | . NAME OF C   | EMETERY OR CREA                | MATORY        | 23d. LOCATION                                | N                        | 1' (O) 1017V              |                          | STATE          |
| BP   | Removal/           |   | FEB 28  |   | Laurel        | Memorial                       | Park          | Pomona,                                      | Atlan                    | tic,                      | New J                    | ersey          |
| DHMH - 16 60M 7/84   | 24 FUNERAL DIRE    | CTOR  | (La Casas                                     | 1,6000 Ar                                       | mapol         | s Road                         | 250. DATE F   | EC'D. BY REGISTI                             | RAR 25b. REGI            | STRAR'S SIG               | SNATURE                  |                |
| (VRA 15, 4)  | Beall Fr           | neral Ho                                    | me  | howie 1   | w 201         | 75-3043                        | FFR           | 2 7 1099                                     | 1 1                      | Saudan                    | 1- Ban                   | de PP          |

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| 00000  |               | FOR Film #G                             | 625 - Ite                      | em #17                               |                       | E OF MARYLAND<br>IEALTH AND MENTAL HY | CIENE.  | A =9 =2                                    | 0 0                                     |
|--|---------------|---|--------------------------------|--------------------------------------|-----------------------|---------------------------------------|---|--|---|
| 066173   | 1-            |   | /31/87                         | CW                                   |                       | ICATE OF DEATH                        | REG. N  | 0.   | 7 0                                     |
| n = N  |               | EASED NAME                              | FIRST                          | WIDDLE                               | Ti                    | AST CONTRACTOR                        | 2a DATE OF DEATH                              | MONTH DAY YEA                              | AR 26 HOUR 30                           |
| oge dept   |               | JAI                                     | 1/5                            |                                      | Z/                    | DEO                                   |   | 2248                                       | 6 10 AM                                 |
| tor. po  | 3. SEX        |   | 4. RA                          | ACE B                                | 5 DATE (              |                                       | 6. AGE (IN YEARS LAST BIR                     | MONTHS D                                   | YEAR IF UNDER 24 HRS                    |
| Pog direction  | 7a. BII       | RTHPLACE (STATE OR FO                   | REIGN 7b C                     | ITIZEN OF WHAT CO                    | UNTRY? 8              | 74 2                                  | 9. BALTIMORE CITY C                           | OR COUNTY OF DEATH                         | Н                                       |
| 4 36 S   |               | YLAND                                   |                                | U.S.A.                               | WIDOW                 | D NEVER MARRIED DEDINATED DIVORCED    | 1   | NDEL COUNTY                                |   |
| offind o   |               | APOLIS                                  |                                | NAME OF HOSPITAL,                    | NURSING HOME (        | OR OTHER INSTITUTION  AL HOSPITAL     | 120 USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST O |  | ND OF BUSINESS OR<br>TRY                |
| d d d d d  | USUA          | L RESIDENCE (IF NURSIN                  | G HOME OR OTHE                 | R INSTITUTION, GIVE RESIDER          | NCE BEFORE ADMISSION) |                                       | Les expert Appress                            | (710 0000 7)                               | 12151                                   |
| P P S  | 13a S<br>MA   | RYLAND                                  | A.A.                           |                                      | POLIS                 | 13d. INSIDE CITY LIMITS?              | 13e.STREET ADDRESS                            | Avenue Apt.                                | M2                                      |
| syla<br>shely<br>she   | 14 FA         | THER'S NAME                             | MIDDL                          | F                                    | LAST                  | 15. MOTHER'S MAIDEN NA                | MIDDLE  |  | LAS1                                    |
| MAR simple simpl |               | RICHARD                                 |                                | HORNEY                               |                       | PHOBI                                 | E   | HORNEY                                     | Y                                       |
| MORE,  |               | AS DECEASED EVER II                     | U.S. ARMED                     |                                      | IAL SECURITY NO.      | 17 INFORMANT Hopkir                   |   | Solis, Md.                                 |   |
| BALTIMOR cate be exected by yield and and wal.   |               |   |                                |                                      |                       | ERNEST WALL                           | ACE 10 Hicks                                  |  |   |
| , BAI<br>icate<br>paper<br>oval.   |               | 18 CAUSE OF DEATH<br>PART I. DEATH WA   | Enter only on<br>S CAUSED BY   | e cause per line far (a              | ), (b), and (c).)     | Noccot                                |   | BETW                                       | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| certif<br>certif<br>rem<br>ic eve  |               |   | MMEDIATE CA                    |                                      | pray                  | HYC.                                  |   | 100  | all lotte                               |
| he deoth ce<br>he attendin<br>emave corb<br>matian, ar i   |               | Canditions, if any,                     | which (                        | DUE TO, OR AS A CO                   | NSEQUENCE OF          | There biling                          | 1200  | 319,                                       | 75                                      |
|  |               | gave rise to imm-<br>cause (a), stating | ediate                         | DUE TO, OR AS A CO                   | NSEQUENCE OF          | )) (                                  |   |  |   |
| that the that the tease release reliable, creman   |               | underlying cause                        | last.                          | (c) Rhen                             | rh2 1/1               | Niscae K                              | I'MI (1)                                      | 1× 3                                       | 7/5                                     |
| DIVISION OF VITAL RECORDS, 201  ING PHYSICIAN. The law requires the ratending physician.  Wher this certificate has been signed to as the burial-strongs permit. Then plea is had Mental Hygiane prior to burial and Mental Hygiane prior to burial arked or them 18 shows any injury, ark   | NO            | PART 2 OTHER SIGN                       | IFICAN CON                     | LUES CONTRIBUT                       | ING TO DEATH BUT      | NOT RELATED TO THE TERM               | MINAL DISEASE OR CON                          | DITION GIVEN IN PAR                        | IT liai                                 |
| been been prior  | CERTIFICATION | 19a DATE OF OPERAT                      | ION                            | 1%. CONDITION FOR                    | WHICH OPERATIO        | N WAS PERFORMED                       | 200 AUTOPSY?                                  | 206. IF YES, WERE FIN<br>IN CERTIFYING CAU | NDINGS USED                             |
| ALR The Linn.  | RTIF          |   |                                |                                      |                       |                                       | YES NO  | YES 🗌                                      | NO 🗌                                    |
| rin OF VITAL<br>ring physical<br>certificate it<br>aurial-transit heurial Hygie  |               | 21a. ACCIDENT WAS UNDER                 |                                | 116. TIME OF INJURY<br>HOUR A.M. MON | TH DAY YEAR           | 21c. HOW INJURY OCCUR                 | RED (ENTER NATURE OF INJU                     | RY IN ITEM 18 PART T OR PART               | 1 2)                                    |
| SION OF VI   | MEDICAL       | (IF EITHER, NOTIFY MEDIC                |                                | P.M.<br>21e. PLACE OF INJURY         | 19                    | 211. LOCATION                         |   |  |   |
| DIVISION<br>or attending<br>After this<br>e as the bu  | ME            | WHILE NOT WHI                           |                                | (AT HOME, STREET, FACTOR             |                       | STREET                                | CITY OR TO                                    | OWN COUNTY                                 | Y STATE                                 |
| DIV<br>VDING<br>S. After<br>Use as t<br>sealth a   |               | 22a I certify that (I) (                | this haspital) (               | attended the decease                 | d from                |                                       | , to  | . 19                                       | , that (I) (we) last                    |
| Spito<br>CTO<br>Ffor<br>of H   |               |   | d alive an<br>d) (did nat) vie | w the bady after deat                | h. 19, a              | nd that in (my) (our) apinian         | death accurred an the d                       |  |   |
| OR he ho DIRE  |               | 22b. SIGNATURE                          | 11                             | 3/1                                  |                       | DEGREE ATTENDING                      | MEDICAL STA                                   |  | ATE SIGNED                              |
| HOSPITAL<br>Ined by the<br>FUNERAL<br>Uld be det<br>of the State   | 10            | 22d. PHYSICIAN'S NA                     | ME TTYPE OR PRIN               | (1)                                  |                       | PHYSICIAN 22e ADDRESS                 | DIRECTOR   PHYSIC                             | IAN .                                      |   |
|  | 3             |   |                                |                                      |                       |                                       |   |  |   |
| 0 g 0 d g 3  | 23a. B        | URIAL, CREMATION, F                     | EMOVAL 23                      | Ib. DATE                             | 23c. NAME OF C        | CEMETERY OR CREMATORY                 | 23d LOCATION                                  |  |   |
| BP   |               | RTAL                                    |                                | -27-1986                             | PINELAW               | N MEM. PARK                           | Annapold                                      | COUNTY                                     | STATE                                   |
| DHMH - 16 50M 4/83   |               | INERAL DIRECTOR                         | Annap                          | olis. Md.                            | 21401                 |                                       | TE REC'D. BY REGISTRAR                        | 756. REGISTRAR'S SIG                       | NATURETYLANC                            |
| (VRA 15, 4)  | W             | LLÎAM REES                              | E & SO                         | NS MORTUAR                           | Y, P.A.               | MAR                                   | 5 1980 1                                      | an partition -                             |   |

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

retoined by the hospital or

BP.

corbonpopers.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

m 21 is morked or them 18 shows ony

MPORTANT: If He

23a. BURIAL

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physicio

injury, or other troumotic event, the

FOR

- STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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| REGISTRAN  |   |                                       | REG. NO                    | ).                                      |                   |                                  |
|--|---|---------------------------------------|----------------------------|---|-------------------|----------------------------------|
| 1. DECEASED NAME FIRST   | MIDDLE  | ASI                                   | 20. DATE OF DEATH          | MONTH DAY                               | YEAR              | 26 HOUR                          |
| (TYPE OR PRINT) BERTI  | HA M. EICI  | HHORN                                 |                            | 2 7                                     | 86                | 4:20PM                           |
| 3. SEX 4   | RACE S DATE O   |                                       | 6 AGE (IN YEARS LAST BIRT  | HDAY) IF U                              | NDER I YEAR       | IF UNDER 24 HRS                  |
| FEMALE   | WHITE (CALLE) MONTH   |                                       | 85                         | YRS                                     | HS DAYS           | HOURS MIN.                       |
| BIRTHPLACE (MATE OR FOREIGN 76.                                | CITIZEN OF WHAT COUNTRY?  | NEVER MARRIED                         | 9 BALTIMORE CITY O         | COUNTY OF                               | DEATH             |                                  |
| MD   | USA WIDOWE  |                                       | AAC                        | 0.                                      |                   | MD.                              |
| 10 CITY OR TOWN OF DEATH                                       | I. NAME OF HOSPITAL, NURSING HOME O   | OR OTHER INSTITUTION                  | 120 USUAL OCCUPATION       |   |                   | OF BUSINESS OR                   |
| ANNAPOLIS  | ANNE ARUNDEL  | HOSP                                  | I TYPE OF WORK FOR MOST OF | eworking life                           | NDUSTRI           | home                             |
| I Ia STATE 136 COUNTY  | HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  ARLINGEL ANNAPOLLS | 13d INSIDE CITY LIMITS?<br>YES 🔼 NO 🗌 | 13. STREET ADDRESS /       | ZIP CODE                                | BAY<br>RD.        | 2140                             |
| 14 FATHER'S NAME FIRST 4) MID                                  | BROWN   | 15 MOTHER'S MAIDEN NA                 | AH MIDDLE                  |   | 4                 | St. San                          |
| 160 WAS DECEASED EVER IN U.S. ARME                             |   | 17 INFORMANT                          | ADDRE                      | SS                                      | VVI               |                                  |
| (YES, NO POWN) (IF YES, GIVE W                                 | VAR OR DATES)   | -JOSEPH                               | UITLEH -                   | - ARC                                   | UE                |                                  |
| 18 CAUSE OF DEATH (Enter only                                  | ane cause per line far (a), (b), and (c)  |                                       |                            |   | APPROX<br>BETWEEN | MATE INTERVAL<br>ONSET AND DEATH |
| PART 1. DEATH WAS CAUSED I                                     | AC . IT CII C. T  | CITITOYS                              | + SE 781.                  | S                                       |                   |                                  |
| 10.000   | DUE TO, OR AS A CONSEQUENCE OF  |                                       |                            |   |                   |                                  |
| Conditions, if any, which                                      | ( b) CATRAUA  | SURRS DCU                             | vou                        |   |                   |                                  |
| gove rise to immediate cause (a), stating the                  |   |                                       |                            |   |                   |                                  |
| underlying couse last.   | DUE TO, OR AS A CONSEQUENCE OF  | BSTPUCT                               | TIOU                       | -                                       |                   |                                  |
| PART 2 OTHER SIGNIFICANT CO                                    | INDITIONS CONTRIBUTING TO DEATH BUT   |                                       |                            | OITION CIVEN                            | INI DART 1        |                                  |
|  | NOTIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO THE TERM               | IN AL DISEASE OR CONL      | JIION GIVEN                             | IN PART II        | a                                |
| 190 DATE OF OPERATION  | 196 CONDITION FOR WHICH OPERATION   | N WAS PERFORMED                       | 20a AUTOPSY?               | 20b. IF YES, W                          |                   |                                  |
| <b>1</b>   | OBSTQUETULG CA C  | 0000                                  | YES TO NOTE                | IN CERTIFYIN                            |                   | OF DEATH?                        |
| 210 ACCIDENT WAS UNDERLYING                                    | 216 TIME OF INJURY  | 21c HOW INJURY OCCURR                 |                            |   |                   | МО                               |
| OR CONTRIBUTING TO CAUSE OF DEATH                              | HOUR A.M. MONTH DAY YEAR  |                                       | (Elater taxtore or moor    | 7 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | OK / -IK. E/      |                                  |
| (IF EITHER NOTIFY MEDICAL EXAMINER)                            | P.M. 19   |                                       |                            |   |                   |                                  |
| (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED       | 21e PLACE OF INJURY [AT-HOME STREET FACTORY, OFFICE FARM, ETC.]                         | 211 LOCATION<br>STREET                | CITY OR TO                 | WN                                      | COUNTY            | STATE                            |
| AT WORK AT WORK  | 25  |                                       |                            |   |                   |                                  |
|  | ) attended the deceased from  |                                       | , to                       |   |                   | that (I) (we) last               |
| saw the deceased alive on<br>obove, (1) (we) (did) (did nat) v | view the body after death.  | nd that in (my) (aur) apinian o       | death occurred on the da   | te and haur an                          | d fram the        | couses stated                    |
| 27h SIGNA URE  |   | DEGREE                                | TO THE STATE OF            |   | 220 DATE          | SIGNED                           |
| Xlen S.  | 1000 de 14  | ATTENDING PHYSICIAN                   | MEDICAL STAF               |   | 2/8               | 186                              |
| THE PHYSICIAN SMAME (TYPE OR PI                                | RINT)   | 22e ADERESS                           |                            |   | - 4               | ,                                |

DHMH - 16 60M 7/84

(VRA 15, 4)

23c NAME OF CEMETERY

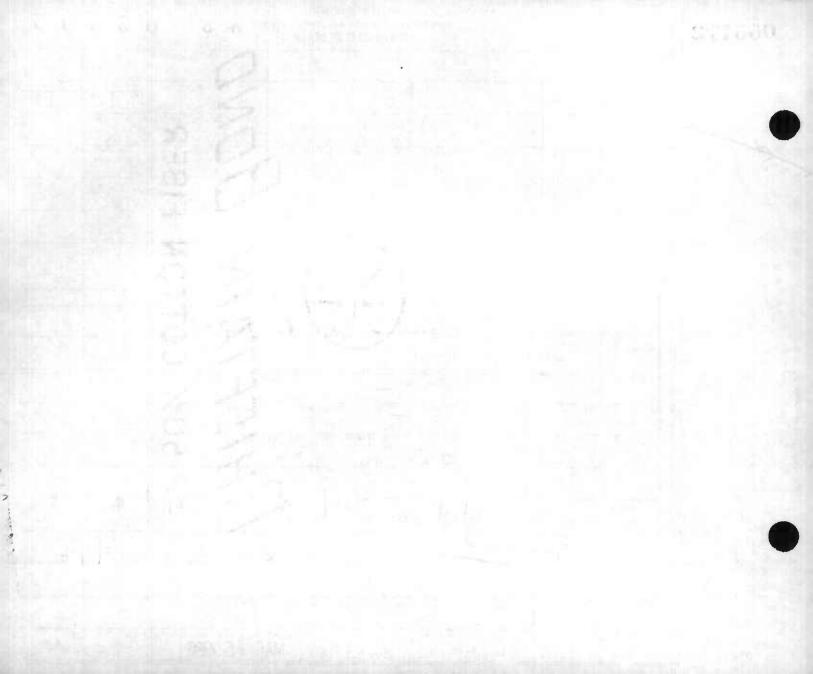
236. DATE

250. DATE REC'D.

234 LOCATION

TRAR 256 REGISTRAR'S SIGNATURE

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | Z  | *  |
|   | E 8  | 10   |
|   | W 2  | 38   |
|   | ALL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 bouil after goth. Page 4, the hospital or attending physician. | L DEECICAL Also this sertificate has been signed by the attending physician and completely filled in by the funeral director |
|   | 125.00   | -  |

| 63029   | 1-       | FOR<br>STATE<br>REGISTRAR  | DEPARTA   | STATE OF MARYLAND<br>MENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | 0 0  | 3 4 0 1  |
|---|----------|--|---|--|--|--|
| noy be page 3 ar death  | 1. DEC   | CEASED NAME OR PRINT) NORMAN E   | • ELLIOUT   | LAST   | REG. NO.  20. DATE OF DEATH MONTH DAY  Feb. 27, 1986 | 15 110 OK  |
| For po offer o  | .3. SE   | Male   | White   | 5. DATE OF BIRTH  MONTH ** 1931  |  | UNDER LYEAR IF UNDER 24 HRS<br>NIHS DAYS HOURS MIN.          |
| F 100 25  | 70. BI   | RTHPLACE (STATE OR FOREIGN COUNTRY)  | 76 CITIZEN OF WHAT COUNTRY? U.S.  | MARRIED NEVER MARRIED WIDOWED DIVORCED                                     | 9 BALTIMORE CITY OR COUNTY O A.A.CO.,                | F DEATH MD   |
| 100   |          | Brooklyn   | 11. NAME OF HOSPITAL, NURSIN  11F NOT IN SUCH FACILITY, GIVE STREET  640 Sunset | Strip (21225)  | (TYPE OF WORK FOR MOST OF WORKING LIFE)  Car Foreman | 12b. KIND OF BUSINESS OR INDUSTRY Railroad                   |
| Illed to  | 13a S    | AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY A.  |   | N 113d INSIDE CITY LIMITS?   | 13e.STREET ADDRESS / ZIP CODE<br>640 Sunset St       | rip (21225)  |
| and soft  | )        | Clyde  | W. Elliott  |  | trude E. Word  | ch LAST  |
| on and c  |          |  | med forces? 166 Social Secure war or dates 56 213-28                            | RITY NO. 17 INFORMANT<br>-9773 Beulah El                                   | ADDRESS<br>liott - same as                           |  |
| physicis<br>onpapen<br>emoval<br>event, the   |          | PART I. DEATH WAS CAUSE  | ly ane cause per line far (a), (b), and<br>D BY:<br>E CAUSE (a)                 | rulmonay arrest  |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DE ATH             |
| that the death ce<br>by the attending<br>rose remove corbo<br>al, cremation, or n<br>r other traumatic  |          | Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.                     | DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)                    | MITIC LUNG CA.   |  | 2-3-ys.  |
| requires<br>r. Then pli<br>or to busin  | FICATION | PART 2 OTHER SIGNIFICANT C   |   | DEATH BUT NOT RELATED TO THE TERM  |  | N IN PART 11a  |
| The low   | RTIFICA  |  |   |  | YES NO YES   | NG CAUSES OF DEATH?  |
| SECIAN<br>og phys-<br>certifical<br>cental thy<br>mm 18 s   | CAL CE   | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA   | TH HOUR A.M. MONTH DA   | AY YEAR  | RED (ENTER NATURE OF INJURY IN ITEM TB PAR           | T T OR PART 2)   |
| offerful<br>offer that<br>hand M<br>orked or  | MEDICAL  | 214 INJURY OCCURRED  WHILE ON WHILE OF AT WORK   | 21e PLACE OF INJURY<br>(AT HOME STREET, FACTORY, OFFICE, F.                     | ARM, ETC.)  211 LOCATION STREET  | CITY OR TOWN   | COUNTY STATE   |
| ATTENDITOR IN PROPERTY OF THE PROPERTY OF T |          | 220.1 certify that (1) (this hospit<br>saw the deceased alive on<br>above. (1) well did (did not<br>22b. SIGNATURE | attended the deceased from 3/19/19/19/19/19/19/19/19/19/19/19/19/19/            | DEGREE   |  | that (1) we) last and from the causes stated 22c DATE SIGNED |
| HOSPITAL:  TO MEEAL E  SHOWERAL E  SHOWERAL E  PORTANT. II  |          | 22d. PHYSICIAN'S NAME HYPE O   | RPRINT) NEDT. M. D  | M) ATTENDING PHYSICIAN [   | MEDICAL STAFF DIRECTOR PHYSICIAN                     | 2/27/86  |
| 21 241 3  | 23a E    | SURIAL, CREMATION, REMOVAL SPECIFY) Burial   |   | vland V. A. Cem.   | 23d LOCATION CITY OR TOWN Crownsville, A             | COUNTY STATE   |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
George J. Conce, 4001 Ritchie Hywy., Baltimore

|   |               |   |   | STATE OF MARTLAND                                 |  |   |
|---|---------------|---|---|---|--|---|
|   | 1.            | FOR<br>STATE                                    | DEPART                                  | MENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH | YGIENE 8 6 0   | 3 4 0 EST                                       |
| 004   | 1.05          | REGISTRAR CEASED NAME FIRST                     | MIDDLE                                  | CERTIFICATE OF DEATH                              | REG. NO.   | LOI   |
| 031   |               | CEASED NAME FIRST MARY                          | MAGDALEN                                | ERLINE  | 20. DATE OF DEATH MONTH                                  | DAY YEAR 26 HOUR                                |
| oep   | -             |   |   |   |  | 0, 1986 402 AF                                  |
| fte   | 3. SE         | X   | 4 RACE                                  | S. DATE OF BIRTH                                  | 6 AGE (IN YEARS LAST BIRTHDAY)                           | MONTHS DAYS HOURS MIN.                          |
| -   | 1             | Female  | White                                   | March 25 1909                                     |  |   |
| 84  |               | RTHPLACE (STATE OR FOREIGN                      | 76 CITIZEN OF WHAT COUNTRY?             | MARRIED X NEVER MARRIED                           | 9 BALTIMORE CITY OR COUNT                                |   |
| 22  | Qú:           | rtis Bay,                                       | USA                                     | WIDOWED DIVORCED                                  | A DINIE ATTENT   | DEL COUNTY MD.                                  |
|   | 0,0           | TY OR TOWN OF DEATH                             |   | NG HOME OR OTHER INSTITUTION                      | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 12b. KIND OF BUSINESS OR                        |
| mil X   | 1             | GLEN BURNIE                                     | NORTH ARUNDI                            | EL HOSPITAL                                       | Homemaker  | Own Home  |
| 13 23   | JSU<br>3a     | AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU | ROTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) VN 113d. INSIDE CITY LIMITS?         | 13e.STREET ADDRESS / ZIP COD                             |   |
| 一致り   |               | aryland   | AA Co. Glen Bur                         |   | 7885 Gordon Cou  |   |
| DA  | 19 FA         | ATHER'S NAME                                    | MIDDLE LAST                             | 15 MOTHER'S MAIDEN N                              |  |   |
| 124   | V             | Frank   | Zosia                                   | K Mary  | MIDDLE   | Freeman   |
| 10  |               | VAS DECEASED EVER IN U.S. A                     | RMED FORCES? 166 SOCIAL SECT            |   | ADDRESS  |   |
| med   | 1             | YES NO OR UNKNOWN) (IF YES, GI                  | VE WAR OR DATES) 213.18                 | 3.1141 John G. Er                                 | line (Husband) Sa  | me as 13  |
| - <del>-</del> |               |   | nly ane cause per line far (a), (b), ar |   |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| rent, t   |               | PART 1. DEATH WAS CAUSI                         | DBY. CROSS HEAT ENDER                   |   |  | 2 morghs  |
| ir re-  |               | IMMEDIA   |   |   |  | 100   |
| on, o   |               | Conditions, if ony, which                       | DUE TO, OR AS A CONSEQU                 | Hemolytic Anen                                    | W. 6   | 2 months  |
| fro.  |               | gave rise to immediate                          |   |   | Ma   |   |
| other   |               | couse (a), stating the underlying cause last.   | DUE TO, OR AS A CONSEQU                 | ENCE OF   |  | 2   |
| viol,   |               | PART 2 OTHER SIGNIFICANT                        | CONDITIONS CONTRIBUTING TO              | DEATH BUT NOT RELATED TO THE TE                   | PANINAL DISEASE OF CONDITION OF                          | VEN IN DARY 1.                                  |
| d of<br>yould   | Z             | A .   | Renal Failure.                          | G1 Bleeding                                       | RMINAL DISEASE OR CONDITION GI                           | VEN IN PART ITO                                 |
| any if  | CERTIFICATION | 190 DATE OF OPERATION                           |   | OPERATION WAS PERFORMED                           | 20a AUTOPSY? 20b. IF YE                                  | S, WERE FINDINGS USED                           |
| 2 8   | Ĭ.            | 9 00 - 5 Je- 15                                 |   | 0   |  | FYING CAUSES OF DEATH?                          |
| 8 25 8  | ERI           | 210. ACCIDENT WAS UNDERLYING                    |   | 21c. HOW INJURY OCCU                              | JRRED (ENTER NATURE OF INJURY IN ITEM 18                 |   |
| TO E  |               | OR CONTRIBUTING CAUSE OF DE                     | AIII                                    | AY YEAR   |  |   |
| Men he  | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINE               | P.M. 21e PLACE OF INJURY                | 19 211, LOCATION                                  |  |   |
| puo   | AE            | WHILE NOT WHILE                                 | (AT HOME STREET, FACTORY OFFICE.        | FARM ETC ) STREET                                 | CITY OR TOWN   | COUNTY STATE                                    |
| norh  |               | AT WORK AT WORK                                 | ital) attended the deceased from_       | 1-3 1086  | 2-10   | 86  |
| I is  |               |   | 1 1 1                                   | and that in (my) (our) opinio                     | in death accurred on the date and how                    | r and from the source stated                    |
| a of to   |               | abave, (1) (we) Idid) (did no                   | at view the body after death            | DEGREE  | The second of the date and had                           | 22c. DATE SIGNED                                |
| H H   |               | THE SIGNATURE                                   | . 11                                    | AA A ATTENDING                                    | MEDICAL _ STAFF  | 2-10-86   |
| Z Z   |               | THE PHYSICIAN'S NAME HITEL                      | CHI                                     | 22e ADDRESS                                       | DIRECTOR PHYSICIAN                                       |   |
| JRT N   |               | production of the property of                   |   |   | 7845 OAKWOOD ROAL  |   |
| with the Stot   |               | LONG S. HS                                      |   |   | BURNIE, MARYLAND 2                                       | 1061  |
| - 1   |               | BURIAL, CREMATION, REMOVAL                      |   | NAME OF CEMETERY OR CREMATORY                     | CITY OR TOWN   | COUNTY STATE                                    |
|   |               | Buria //  | Feb. 13,1986 G                          | len Haven Mem. Par                                |  | AA Co. Marylan                                  |
| OM 7/84   | 24 FI         | UNERAL DIRECTOR JOUR                            | abbe ADDRESS                            |   | ATE REC'D. BY REGISTRAR 256. REGIS                       |   |
| 5, 4)   |               | Singleton Funer                                 | al Home Glen F                          | Burnie, Maryland                                  | EB 1 3 1986 Same   | Durdon Brud as                                  |

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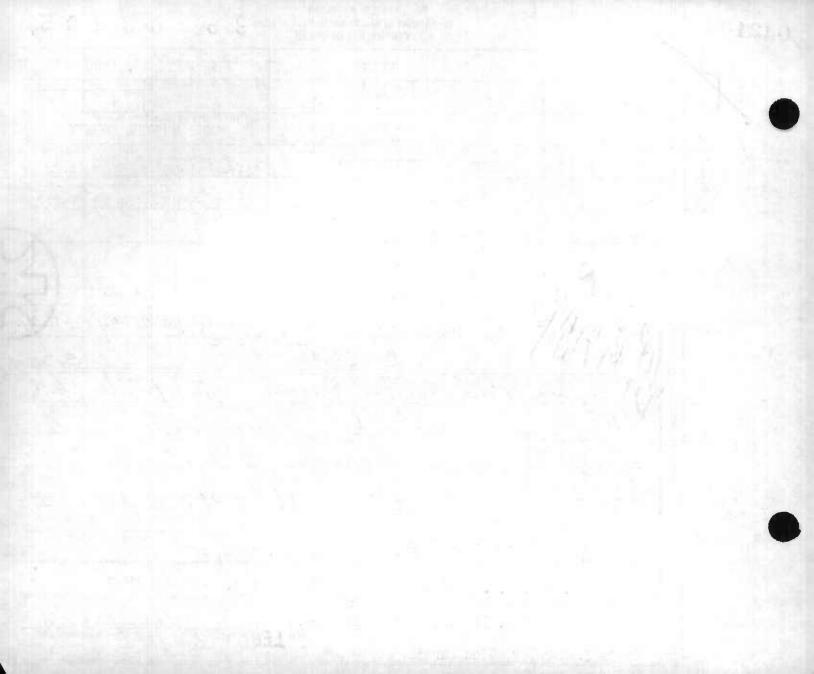
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| 042100   |               | FOR<br>STATE<br>REGISTRAR  |   | PARTMENT (                           | TATE OF MARYLAND<br>OF HEALTH AND MENTAL HY<br>TIFICATE OF DEATH | REG. NO.   | 0 3 4   | 104<br>EST                            |
|--|---------------|--|---|--------------------------------------|--|--|---|---------------------------------------|
| £ # 3  |               | CEASED NAME FIRST MARGARE  | T ELIZABET  |                                      | EESER  | 20 DATE OF DEATH MO  | Y 6, 198  | 26. HOUR 6 240 A                      |
| page   | 3. SE         |  | I BLIZZOLI  |                                      | TE OF BIRTH  | 6. AGE (IN YEARS LAST BIRTHD                                     | ,   | 771                                   |
| ector.   | 1             | Female   | White   |                                      | ONTH DAY YEAR  | 66   | YRS. DAYS   | HOURS MIN.                            |
| death. Par   | j             | RTHPLACE (STATE OR FOREIGN Pennsylvania  | 76 CITIZEN OF WHAT COU  | NTRY? 8                              | RRIED NEVER MARRIED DIVORCED D                                   | 9 BALTIMORE CITY OR CANNE A                                      |   | NTY MD.                               |
| s ofter o  | 10 C1         | GLEN BURNIE  |   |                                      | OSPITAL  | 12a USUAL OCCUPATION<br>(1YPE OF WORK FOR MOST OF W<br>Homemaker |   | OF BUSINESS OR                        |
| nn 24 hou  | 13a. S<br>Ma  |  | INTY 13c. CITY O  | E BEFORE ADMISSI<br>R TOWN<br>PSV111 | S LES NO X   | 13e STREET ADDRESS / Z   | d Road  | 21108                                 |
| oted with  |               |  | is, SR.   |                                      | Jenny  | Caroline   |   | ŻΑ                                    |
| be exected an and a strength of the strength o | 16a V         |  |   | 5-4609                               |  | Feeser, Same   | e as 13   | OXIMATE INTERVAL<br>NONSET AND DE ATH |
| equires that the death certifus in signed by the attending ph. Then please remove carbanp. Ir to build, cremation, or remainly, or other traumatic ever  | NOI           | PART 2 OTHER SIGNIFICANT   | DUE TO, OR AS A CON  DUE TO, OR AS A CON  DUE TO, OR AS A CON  (c)        | SEQUENCE OF                          | Trope Cardi  | www.colledisease or condition                                    | Was 2   | year year                             |
| N: The law rysicion. cate has bee ansit permit Hygiene prio  | CERTIFICATION | 19a. DATE OF OPERATION   |   | VHICH OPERA                          | TION WAS PERFORMED   | YES NO   | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES [] | INGS USED<br>S OF DEATH?<br>NO [      |
| NDING PHYSICIAN; all or attending physics of an attention of the buriol-trans the buriol-trans the buriol hy Health and Mental Hy is marked at Item 18g,   | MEDICAL CE    | 21a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (1) | ATH HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, ( | OFFICE, FARM, ETC                    | 21f LOCATION<br>STREET   | CITY OR TOWN   | 19.86   | STATE , that (I) thast                |
| TO HOSPITAL OR ATTERED BY the haspire TO FUNERAL DIRECTO should be detached for with the State Dept. of IMPORTANT. If them 21  |               | 226 SIGNATURE  22d PHYSICIAL  ELLIOTT G  | ORBATY, M.D.  | of of                                | DEGREE  ATTENDING PHYSICIAN  20 ADDRESS                          | MEDICAL STAFF RECTOR PHYSICIA 345 OAKWOOD URNIE, MARYLA          | ROAD, SUIT  | ESIGNED                               |
| BP   | - {           | urial, cremation, remova<br>Cremation  | Feb. 8, 86  |                                      | ity Process  | Cationsvill  | e Balto.  | MD <sup>re</sup>                      |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | 24 FL         | JAMES S. Kirl  | kley, Glen Bur  | nie, M                               | D 250 DA   | EBO 1 1986   | b. REGISTRAR'S SIGNA                                    | TURE                                  |

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| 42101  | /           | FOR HEM1917.                                       |                         |   | NENT OF HEALTH AND MENTA<br>CERTIFICATE OF DEATH | 1 9                 | 6<br>REG. NO.                           | 340                                      | 5 EST        |
|--|-------------|--|-------------------------|---|--|---------------------|---|--|--------------|
| 2 25 L   | DE DE       | CEASED NAME (MS) PRANK                             | E                       |   | FORNWALD   | JR DATE             | FEBRUARY                                | 05, 1986 2b                              | 710 A        |
| 10 mot   | 1.5E        | x  | 4 RACE                  |   | 5. DATE OF BIRTH                                 |                     | IN YEARS LAST BIRTHDAY]                 |  | UNDER 24 HRS |
|  |             | Male   | White                   |   | Feb. 28, 1915                                    | AR                  | 70 <sub>YR</sub>                        | S  | DURS MIN.    |
|  | 100         | ETHPLACE   | 76 CITIZEN OF WHA       | T COUNTRY?                                  | MARRIED NEVER MARRIE                             | D 9 BALTIA          | ANNE ARIE                               | NTY OF DEATH                             | ,            |
| 1 11 1   |             | ennsylvanie  | US/.                    | PITAL NURSIN                                | WIDOWED DIVORCE G HOME OR OTHER INSTITUTION      | 6.00                | AL OCCUPATION                           | 12b. KIND OF BI                          | N            |
| 1 110  |             | GLEN BURNIE  |                         |   | L'HOSPITAL                                       | (TYPE OF W          | F-Employed                              |  |              |
| 15   | usu<br>attu | Harvland III CO                                    | UNITY 13c.              | RESIDENCE BEFORE<br>CITY OR TOWI<br>COWNSVI | 1 13d. INSIDE CITY LIM                           |                     | T ADDRESS / ZIP CO                      |  | 210          |
| 1100   | 14. F       | THER'S NAME  |                         | I UWIIS V I                                 | 15 MOTHER'S MAID                                 | EN NAME             | B Herald Ha                             |  | 210          |
| 1020   |             | Frank  | E. Fo                   | rnwald.                                     | Sr. FIRST  |                     | WIDDLE                                  | LAST                                     |              |
| 46 pt /  |             | VAS DECEASED EVER IN U.S. A                        | GIVE WAR OR DATES!      | SOCIAL SECU                                 |  |                     | ADDRESS                                 |  | £ 20         |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | Y           |  |                         | 61-12-2                                     |  | Weiland.            | , | ADDROVINA                                | F INTERVAL   |
| ficote<br>physic<br>poppi<br>noval<br>ent. 1   |             | PART LONA THE WAS DAY                              | only one couse per line | July l                                      | thousen - about                                  | Iminal              | alunt T.                                | MALE APPROXIMATE ONS                     | T AND DEAT   |
| tices  |             |  | A W                     |   | 1 1  | /                   | 1                                       | 7  | 1            |
| leoth<br>me co<br>nan, c   |             | Ading 1 1 X April                                  | DUE TO, OR AS           | 1/200                                       | Volemic Sha                                      | Uk, Co              | eraio pur                               | gonaly Cu                                | nTus         |
| by the o   |             | And to live to                                     | DUE TO, OR AS           | LVa   | NCE of chest                                     | _ =                 | P                                       | (  | 2/2          |
| pled<br>n pled<br>burn<br>ry, or   | 1           | MIT THE SIGNIFICAN                                 | CONDITIONS CONTE        | RIBUTING TO D                               | DEATH BUT NOT RELATED TO TH                      | E TERMINAL DISE     | ASE OR CONDITION                        | GIVEN IN PART TIO                        | / 10         |
| The Control of the Co | TION        | Kup 700  | re opleen               | . 411                                       | 0C-1   | rean,               | malyry of                               | racpu                                    | 6276         |
| 1 116  | FICA        | N. VATE OF OPERATION                               | 19% CONDITION           | FOR WHICH                                   | OPERATION WAS PERFORMED                          |                     | JIN CEI                                 | YES, WERE FINDINGS<br>RTIFYING CAUSES OF | DEATH?       |
| To the state of th | ERTI        | 21a. ACCIDENT WAS UNDERLYING                       | 210. TIME OF IN.        | URY   | 21c HOW INJURY O                                 | YES [               | , den                                   | YES TOR PART 21                          | 40 🗌         |
| CLAN THE PARTY OF  | AL C        | OR CONTRIBUTING CAUSE OF S                         | HOUR A.M.               |   |  | Ann                 | ident                                   |  |              |
| Sept of the sept o | MEDIC       | 214 NJURY OCCURRED                                 | 21e PLACE OF IN         |   | 211. LOCATION                                    |                     | CITY OR TOWN                            | COUNTY                                   | STATE        |
| Ac the the the the   | 2           | When I were I                                      | 54                      | reet  | 3/1  | 1                   | 1/-                                     |  |              |
| NO S TO S  |             | 22 a.l certify that (I) (this has                  | 1/                      | ceosed from_                                | 19_  | 86_, to_            | 7                                       |  | (1) (we) lo  |
| A SECTION OF SECTION O | T.          | saw the deceased alive above, (II (we) (did) (did) | not view the body after | death.                                      |  | Sprijon debith oceu | rred on the date and                    | hour and from the cou                    |              |
| The back   | 100         | MO   | VHH                     | 27/1/                                       | DEGREE ATTEND                                    | ING MEDICA          |   | 22c DATE SIG                             | NED          |
| 14 8 8 8   |             | THE PHYSICIAN SHAME IN                             | E OR PRINT              | / 1/  | PHYSIC<br>22e ADDRESS                            |                     | BALTIMORE.                              | ANNAPOLIS                                | BLVD.        |
| Por Fig.   |             | SANG K. H  | HAN. M.D.               | MACS  | GLE  |                     | , MARYLAND                              |  |              |
| 51 54131   | 73e.        | SURIAL CREMATION, REMOV                            |                         |   | AME OF CEMETERY OR CREMA                         | TORY 23d LC         | CATION                                  | COUNTY                                   | STATE        |
| BP_76  |             | Burial   | Feb. 11,                | 1986  | Heidelberg Cem.                                  |                     | Burke                                   | s County                                 | PA           |
| DHMH - 16 60M 7/84   | 24 F        | JNERAL DIRECTOR                                    |                         | ADDRESS                                     | 2  | EEB O               | Y REGISTRAR 256. REC                    | SISTRAR'S SIGNATURE                      | ndesse       |
| (VRA 15, 4)  |             | James S. Ki  | rkley, Gler             | Burni                                       | e, MD  |                     |   |  |              |



(VRA 15, 4)

STATE OF MARYLAND

 FOR STATE

| STATE OF MARYLAN | D |
|------------------|---|
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

03407

|             |               | REGISTRAR  |  | CERTIFIC       | ALE OF DEATH               | REG. NO.  |  | EST                                |  |  |
|-------------|---------------|--|--|----------------|----------------------------|---|--|------------------------------------|--|--|
| 41118       |               | CEASED NAME FIRST  | WIDDLE   | LAST           |                            | 20. DATE OF DEATH MONT                          | H DAY YEAR   | 2b HOUR                            |  |  |
| page 3      | 1,,,,,,       | FRANCES  | Mary   | FOWI           | ER                         | FEBRUARY 4,                                     | 1986   | 2:40 P                             |  |  |
| ter c       | 3. SE         |  | 4. RACE  | 5 DATE OF      | BIRTH YEAR                 | 6 AGE (IN YEARS LAST BIRTHDAY)                  | MONTHS DAYS  |                                    |  |  |
| in s of     |               | Female   | White  | Feb            | 8 1909                     |   | YRS SAID   | HOURS MIN.                         |  |  |
| 500         | ₽6. B         | RTHPLACE (STATE OR FOREIGN   | 76. CITIZEN OF WHAT COUNTR   | Y? 8           | NEVER MARRIED              | 9 BALTIMORE CITY OR COUNTY OF DEATH             |  |                                    |  |  |
| رده         | Ma            | aryland  | U.S.A.   | WIDOWED        |                            | ANNE ARUNDEL                                    | COUNTY   | MD.                                |  |  |
| 54          | 1             | LEN BURNIE   | 11. NAME OF HOSPITAL, NUR<br>(IF NOT IN SUCH FACILITY, GIVE STR<br>NORTH ARUND | EET ADDRESS)   |                            | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR |  | hing                               |  |  |
| 25          | Ma            | aryland 13b COU  |  |                | d INSIDE CITY LIMITS?      | 13e.STREET ADDRESS / ZIP<br>961 Oakdale         |  | 21108                              |  |  |
| -           | 14 FA         | ATHER'S NAME   | MIDDLE LAST  | 15             | MOTHER'S MAIDEN NAM        | ME  |  | ST                                 |  |  |
| 30          | 1             | Salvadore  | Cerniq   | lia            | Angela                     | MIDDLE  |  | erto                               |  |  |
| 0 1         | 160 V         | VAS DECEASED EVER IN U.S. AR   |  |                | INFORMANT                  | ADDRESS 8                                       | 24 Oakdal  | e Circle                           |  |  |
| medical     | ,             |  | one 213.01.  | 7305 V         | William L. Fo              |   | illersvil  |                                    |  |  |
| ‡           |               | 18 CAUSE OF DEATH (Enter or  | nly one couse per line for (o), (b), DBY:                                      | and ici        |                            |   | The state of the s | XIMATE INTERVAL<br>ONSET AND DEATH |  |  |
| len,        |               | PART I. DEATH WAS CAUSE  | TE CAUSE (o) CACO  | 1.00111        | 7/2010-01                  | Annos   |  |                                    |  |  |
| or other tr |               | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEC   |                |                            |   |  |                                    |  |  |
| ,<br>Juliu  | N O           | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING T  | O DEATH BUT NO | OF RELATED TO THE TERM     | INAL DISEASE OR CONDITIO                        | N GIVEN IN PART 1  | (0)                                |  |  |
| Auo soud    | CERTIFICATION | 190. DATE OF OPERATION   | 196. CONDITION FOR WHI   | CH OPERATION V | WAS PERFORMED              | 200 AUTOPSY? 20b.                               | IF YES, WERE FIND<br>CERTIFYING CAUSE<br>YES []  | INGS USED<br>S OF DEATH?           |  |  |
| 18 sh       |               | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE                | 5110   | DAY YEAR       | Ic. HOW INJURY OCCURE      | RED (ENTER NATURE OF INJURY IN IT               | M 1B PART 1 OR PART 2)   |                                    |  |  |
| 10          | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED             | P.M.<br>21e. PLACE OF INJURY   | 19             | If LOCATION                |   |  |                                    |  |  |
| ked o       | ME            | WHILE NOT WHILE AT WORK AT WORK                                      | (AT HOME, STREET, FACTORY, OFFICE  | E. FARM, EYC ) | STREET                     | CITY OR TOWN                                    | COUNTY   | STATE                              |  |  |
| E           |               |  | (ol) ottended the deceased from  | 12/            | 21 19.51                   | to 2/4  | 10 86  | that (l) Tast                      |  |  |
| 21 is       |               |  |  |                | hot in (my) (out opinion o | death accurred on the date on                   |  |                                    |  |  |
| E           |               | 2 III IGNAVAE  | view the body offer deoth.   |                | GREE                       |   |  | SIGNED                             |  |  |
| <u>-</u>    |               | She X  | Pin  |                | ATTENDING                  | MEDICAL STAFF<br>DIRECTOR PHYSICIAN [           | EEA  | 1. 10.00                           |  |  |
|             |               | 214 PHYSICIAN'S NAME (TYPE O   | OR PRINT)  | 12             | 1- ADDDECC                 |   | 11.12.5  | 4,1986                             |  |  |
| MPORTAN     |               | ***  |  |                | 218 8                      | . CAMP MEADE                                    |  |                                    |  |  |
| ¥           | 02 0          | JOHN SHAVERS   |  |                |                            | ICUM, MARYLAN                                   | D 21090  |                                    |  |  |
| IMPORTA     | 230 E         | Burial, CREMATION, REMOVAL SPECIFY) Burial                           |  |                | ETERY OR CREMATORY         | Glen Burnie                                     | COUNTY   | Md.                                |  |  |
| -           |               | JNERAL DIRECTOR  | Feb. 8,1986  | Gren Hav       | en Mem Park                |   |  |                                    |  |  |
| A 7/84      | 74 FL         | NAME NAME  | 1 MOOR TORES   |                |                            | REC'D. BY REGISTRAR 25b. RI                     | GISTRAR'S SIGNA  | TURE                               |  |  |
| 4)          |               | 2 . /  | l Home, Glen Bu  |                | . FEB                      | 06 1986 yella                                   | - JED H d Acan-  | AL PARTIES                         |  |  |

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DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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COLES ARRANGER SAMULIA SELECTION

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|                   |  |                                   |                                |                         |               | STATI             | OFMAR           | RYLAND          |                       |                      |                 |                 |               |
|-------------------|--|-----------------------------------|--------------------------------|-------------------------|---------------|-------------------|-----------------|-----------------|-----------------------|----------------------|-----------------|-----------------|---------------|
| 059               | 012  | FOR                               |                                |                         | DEPART        | MENT OF H         | EALTH AN        | ND MENT         | AL HYGIEN             | NE ,                 | 0 "             | 2 . 1           | 5             |
| 000               | UAK  | - STATE<br>REGISTRAR              |                                | ME                      | DICAL         | EXAMINE           | R'S CER         | TIFICAT         | E OF DE               | CHITA                | REG. NO.        | 3 4 1           | 1             |
|                   | 10   | 1. DECEASED NA                    | ME FIRST                       |                         | MIDDLE        |                   | LAST            |                 |                       | 20. DATE KN          |                 | ONTH DAY YEAR   | 26 HOUR       |
|                   | 141 -171-  | (TYPE OR PRINT)                   | Day                            | .1                      |               |                   |                 | Co              | - d                   | OF I                 | ATED D          | 21 06           |               |
| 545               | 1095E  | SEX                               | Pai<br>I4. RACE                | S DATE OF BIRTH         |               | E.                | I IF UNDER      |                 | odwin<br>NDER 24 HRS. | -                    | MOI             | 21-86 19        | R 2d HOUR     |
| 6                 | Day III  | SEX                               | 1. RACE                        | MONTH DAY               | YEAR          | LAST BIRTHDAY     |                 | DAYS HOU        |                       | 20 DATE<br>PRONOUNCE | ED              |                 | - Za HOUK     |
| 2, 8              | 音音記述し  | Male                              | White                          | 6 6                     | 43            | 42 YRS            |                 |                 |                       | DEAD                 |                 | 21-86 19        | 8:45F         |
| D = 3             | るこを切り  | 70 BIRTHPLACE                     |                                | 76 CITIZEN OF W         | HAT COUN      | ITRY?             | MARRIED         | NEVER A         | AARRIED [             | 9. BALTIMOI          | RE CITY OR CO   | DUNTY OF DEATH  |               |
| 5                 | 五日至四人  | l'ain                             | .,                             | US                      | iΑ            |                   | WIDOWED         | =               | VORCED                | Ar                   | ne Aru          | ndel Coun       | tv MD         |
| 2                 | E E WW   | CITY OR TOW                       | N OF DEATH                     | II. NAME OF HOS         | PITAL, NU     |                   | OR OTHER IN     | NSTITUTION      | 12a US                | UAL OCCUPA           | TION (TYPE OF W | ORK 126 KIND OF | BUSINESS      |
|                   | 7345   | Annan                             | lia /                          | (IF NOT IN SUCH FA      |               |                   | naval           | Hogori          | . 1                   | MOST OF WORKIN       |                 | OR INDU:        | STRY          |
| 9                 | E-SE F   | Annapo                            | TE (IE IN NURSING MOMEO        | Anne Ar                 | WE PESIDENCE  | BEFORE ADMISSION  | nerar           | ногрт           | Lall Sa               | lesman               |                 | Hosp.           | supp.         |
| B 2               | 3876   | LIN STATE                         | E (IF IN NURSING YOME O        |                         | 13c. CITY     | ORTOWN            |                 | INSIDE CITY LIM | 1157   13e STF        | REET ADDRESS         |                 |                 |               |
| F .               | るの任命   | Md.                               | Calve                          | ert                     | Nor           | th Bea            | ch YI           | ES KE NO        | 73                    | 4 Bay                | Front           | Drive 2         | 0831          |
| 8 3               | 25000  | FATHER'S NA                       | ME                             | MIDDLE                  |               | LAST              | 15.             | MOTHER'S A      | AAIDEN NAM            | E MIDD               |                 | LAST            |               |
| 3 3               | 500 75/97  | Pau1                              |                                |                         | Good          |                   |                 | Elve            | n a                   | 111,000              | ,               | un kno wn       | 1             |
| 9 0               | See See  | IIIa. WAS DECEA                   | SED EVER IN U.S. ARA           |                         |               | TAL SECURITY      | NO. 17.1        | INFORMANT       | 11.4                  |                      | ADDRESS         | UII KII O WII   |               |
| 5 5               | SALAS S  | (YES, NO, OR UNK                  | NOWN) (IF YES, GIVE            | WAR OR DATES)           | 000           | - 40 - 90         | 22              | NA              | D                     |                      | 0               | . Unne          |               |
| * ×               | 0 E & S  | n o                               | OF DEATH (France and           |                         |               |                   |                 | Mrs.            | ROSema                | rie i                | Goodwin         |                 | ATE INTERVAL  |
| 5 5               | SA 18<br>NG W<br>SAMT.   | PARTI                             | OF DEATH (Enter onl            | BY:                     |               | Multipl           | e ini           | iries           |                       |                      |                 | BETWEEN ON      | SET AND DEATH |
| PRESTON ST        | ITEM I   | 1011                              | IMMEDIAT                       | E CAUSE (o)             |               |                   |                 | <u> </u>        |                       |                      |                 |                 |               |
| 151 2             | ZYSTS  | 8/4                               | 00                             | DUE TO, OR              | AS A CON      | ISEQUENCE OF      |                 |                 |                       |                      |                 | STATE OF        |               |
| <u>x</u>          | RAN EE   |                                   | rise to immediate              | (b)                     |               |                   |                 |                 |                       |                      |                 |                 |               |
| × ×               | SA SENS  | cause                             | (a) stating the <u>under</u> - |                         | AS A CON      | ISEQUENCE OF      | 200             | 3.51.10         |                       |                      |                 |                 |               |
| 201               | EXAMINER<br>EXAMINER<br>IAL-TRAN<br>O MENTAL I   | lying o                           | ause lost.                     | (c)                     |               |                   |                 |                 |                       |                      |                 |                 |               |
| So,               | NG.<br>PANG<br>WATIO   | PART 2 OTHE                       | SIGNIFICANT CONDITIONS         |                         | BUT NOT RELA  | TED TO THE TERMIN | AL DISCASE OR C | CONDITION CIVE  | N IN PART 1 cm        |                      |                 |                 |               |
| 0 1               | E TACK   |                                   |                                |                         |               |                   | TE BISEASE ON C | CONDITION GIVE  | A IN LAKE I TU        |                      |                 |                 |               |
| RECORDS,          | KITCHE WORD "PENDING" IN PENCIL IN ITEM WORD "PENDING" IN PENCIL IN ITEM OF THE WORD "PENDING" IN PENCIL IN ITEM OF THE CHIEF MEDICAL EXAMINER A DO TO THE CHIEF MEDICAL EXAMINER A DO TO THE CHIEF AND MENTAL HYDER RIOR TO BURIAL, CREMATION, OR REMOVAL   | 190 DATE                          | OF OPERATION                   | TIBL CONDI              | TION FOR      | WHICH OPERA       | TION WAS P      | PEDEODMED       | 2                     |                      |                 | Z0 AUTOPS       | V0            |
|                   | CHIEF<br>E USED<br>TOF HI  | 9                                 |                                | 170 COND                | HOITTOK       | WHICH OF EKA      | 1014 11751      | EKI OKMED.      |                       |                      |                 |                 | 11;           |
| DIVISION OF VITAL | WORD<br>WORD<br>SE US<br>BURIO   | Ē                                 |                                |                         |               |                   |                 |                 |                       | 11113                |                 | YES X           | NO 🗌          |
| o e               | NAME TO SERVICE TO SER | UNDERLYI                          | NAL CAUSE WAS                  | 21b. TIME O<br>HOUR A.M |               | DAY YEAR          | drive           | INJURY OCC      | an auto               | which                | Crosse          | d'center        | line          |
| NO S              | SHOULD TO THE SHOULD T | UNDERLYI<br>CONTRIBU<br>216 INJUR | NG OR<br>ITING CAUSE OF D      | DEATH 7:30P             |               |                   |                 |                 |                       |                      |                 | ment and        |               |
| /ISI              | DED TO<br>DED TO<br>DEPAR  | 216 INJUR                         | Y OCCURRED                     | 21e PLACE               | OF INJURY     | (AT HOME,         | 2 HUENE         | EGH.            | 1                     |                      |                 |                 |               |
| 5                 |  | WHILE AT WORK                     | NOT WHILE                      | x inhigh                | TORY, FARM, E | TC.)              |                 |                 | iendsh:               | in Rd                | Gale            | esville,        | Marylan       |
| 2                 | SARA S   | ATWORK                            | AT WORK                        |                         | 7 11          |                   | 110. 2          | Tr              | TCTICOTT              | LP Ita.              | Jan             | SVIIIC,         | nary tari     |
|                   | A SEE HE   | 220 I ce                          | ertify that I took charg       | e of the remains de     | scribed obc   | ve, held on       | Autopsy         | _A, Insp        | pection,              | Inquiry L            | , and in r      | my opinion      |               |
| _ 1               | EMDEN)   | deoth res                         | ulted from: Natur              | ol causes .             | Accident      | X, Suice          | de 🔲,           | Homicide        | Under                 | termined monr        | ner .           |                 |               |
|                   | A SEE  |                                   | Mari                           | M (1)                   | 40 /          |                   | 1 1             | TITLE (SPECIF   | FY)                   |                      |                 |                 |               |
|                   | #0#E   | ACTUAL<br>SIGNATUR                | EMUMPE.                        | live &                  |               |                   | M.D.            |                 | MED                   | ICAL EXAMIN          | JER S           | ATE<br>IGNED    |               |
| 3                 | NERAL<br>MORE, A   |                                   |                                |                         |               |                   |                 |                 |                       | THE EXPORT           |                 | IOIAED          |               |
|                   | SWEEK.   | EXAMINER<br>(TYPE OR P            | 'S NAME                        |                         |               |                   | ADD             | RESS            |                       |                      |                 |                 |               |
| 5                 | PAGE<br>PAGE<br>BATER  | 730 BURIAL CREA                   | AATION, REMOVAL 2              | 3h DATE                 | 723- 1        | NAME OF CEME      |                 |                 | 734 10                | CATION               |                 |                 |               |
|                   |  | (SPECIFY)                         |                                |                         |               |                   |                 |                 |                       | OR TOWN              |                 | COUNTY          | STATE         |
| 07/84<br>25M      | BP   | Crema<br>24 FUNERAL DIR           |                                | 2-27-86                 | IMt           | Норе              | Ceme            | etery           |                       | gor                  | Penno           | bscot :         | 1e            |
|                   | DHMH - 17  | NAME NAME                         | ECTOR                          | ADDRESS                 |               |                   |                 |                 |                       |                      |                 | R'S SIGNATURE   | 00. R         |
| ('                | VR A15 ME (5))   | Fline                             | Funeral                        | Home                    | Hamps         | tead.             | 1d 21           | 074 F           | EB 26                 | 1986                 | The Day         | ridson-Manda    | 1             |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN FIRST DECEASED NAME 2h HOUR MONTH LTYPE OR PRINTS OF ESTI-DEATH MATED **GLADYS** MAE GORDON Feb. 19 86 4 RACE AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 2:304 MARCH 189 DEAD FEMALE WHITE 88YRS 1986 17 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Balto. Maryland USA WIDOWED X DIVORCED Anne Arundel Co. III CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY 912 Blakistone Road Glen Burnie Waitress (ret) Restaurant AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) In STATE 13b COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Glen Burnie Anne Arundel YES | NO X 912 Blakistone Rd 21061 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE EIRST FIRST James Donnelly Sarah Deitz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! No 215.22.4445 Phyllis Ross (Daughter) Same as 13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) E CHIEF MEDICAL EXAMINER ALONG W BE USED AS A BURAL - TRANSIT PERMIT. NI OF HEAITH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? ecute the certificate, writing the word "per expected to the chief of a should be forwarded to the chief of a should be used the north, with the state department of the mark-and, 21201 prior to bural, it was year. YES [] NOV 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY CATHOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my apinian Natural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE A EXAMINER'S NAME 111 Penn Street TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Glen Burnie AA Co. Md. Feb. Glen Haven Mem. Park Buria1 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** unit will door yandelle Singleton Funeral Home (VR A15 ME (5)) Glen burnie, Md.

|  |               |   |  | STATE OF MARYLAND   |                                   |  |  |
|--|---------------|---|--|---|-----------------------------------|--|--|
| 55159  | 1 -           | FOR<br>STATE<br>REGISTRAR   | DEPAR  | CERTIFICATE OF DEATH                                      | GIENE 8 6<br>REG. NO.             | 0 3 4  | EST                                      |
|  |               | CEASED NAME FIRST OR PRINT)   | WIDDLE   | LAST  | 20 DATE OF DEATH M                | AONTH DAY YEAR                                       | 2b. HOUR                                 |
| moy be poge 3 rer death  |               | LUCILLE   | MARIA  | GREEN   | JANUARY                           |  |  |
| 4 00   | 3. SE         | Female  | RACE   | 5. DATE OF BIRTH  MONTH DAY  YEAR  29                     | 6. AGE (INYEARS LAST BIRTH        | MONTHS DAYS  |  |
| ter deoth. Page the funeral direct within 72 hours.  |               | RTHPLACE (STATE OR FOREIGN 71   | U.S.   | Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED               | 9 BALTIMORE CITY OR ANNE          | ARUNDEL COLL   | INTY MD.                                 |
| by the fulled with   | 10 C          | GLEN BURNIE   | (IF NOT IN SUCH FACILITY, GIVE STR   | SING HOME OR OTHER INSTITUTION BET ADDRESS)  DEL HOSPITAL | 120 USUAL OCCUPATIO               | IN 12b. KIND<br>WORKING LIFE] INDUSTR'               | OF BUSINESS OR                           |
| filled in bould be filled in bou | 130. S        | AL RESIDENCE HE NURSING HOME OR O   | THER INSTITUTION, GIVE RESIDENCE BER Y 13c CITY OR TO  | ORE ADMISSION)  | 13e STREET ADDRESS / :            | ZIP CODE ON  | 21619                                    |
| completely filled in 1 and 2 should be 1 exprise must be   | 14. FA        | THER'S NAME   | DDIE Suret   | 15. MOTHER'S MAIDEN NA                                    |                                   | Smitt  | AST                                      |
| on and co  |               | /AS DECĚAŠED FUR IN U.S. ARM<br>(IF YES. GIVE   | ED FORCES? 166 SOCIAL SE WAR OR DATES)   | -7071 LAWRENCE  | GREEN                             | hosten   | ald                                      |
| physics<br>physics<br>property<br>present, the   |               | 18 CAUSE OF DEATH (Enter Drily<br>PART I. DEATH WAS CAUSED<br>IMMEDIATE                         | BY: Var  | ordice Brest  |                                   | APPRO<br>BETWEET                                     | OXIMATE INTERVAL<br>N ONSET AND DEATH    |
| (B)  | 1             | Conditions, if any, which   | DUE TO, OR AS CONSECUTED IN THE PROPERTY OF TH | to rules trul   | Bleedrup                          |  |  |
|  |               | gove rise to immediate couse (a), stating the underlying couse lost                             | DUE TO, OR AS A CONSEC   | WENCE OF M  |                                   |  |  |
| equi<br>n signi<br>Ther<br>r to k<br>injury  | NO            | PART 2 OTHER SIGNIFICANT CO   | DNDITIONS CONTRIBUTING T   | O.DEATH BUT NOT RELATED TO THE TER/                       | MINAL DISEASE OR COND             | ITION GIVEN IN PART 1                                | lto:                                     |
| he low re<br>on.<br>hos beer<br>i permit.<br>iene prior  | CERTIFICATION | 19a. DATE OF OPERATION  | 196. CONDITION FOR WHI   | CH OPERATION WAS PERFORMED                                | 200 AUTOPSY? YES NO               | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES | DINGS USED<br>ES OF DEATH?<br>NO         |
| ding physicio is certificate burial-transit. Mental Hygie or frem 18 sho   |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH                                     | 21b. TIME OF INJURY<br>HOUR A.M. MONTH<br>P.M.   |   | RRED (ENTER NATURE OF INJURY      | IN ITEM 18 PART 1 OR PART 2)                         | )  |
| IG PHYSI ottending fer this ce s the buri  | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e PLACE OF INJURY<br>(AT HOME STREET, FACTORY, OFFICE  | 21 LOCATION<br>STREET                                     | CITY OR TOW                       | n county   | STATE                                    |
| TTENDIN<br>pitol or<br>TOR. Af<br>for use o<br>of Heoltl   | 18            | 220.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did (did not)) | 1.5/19   | 9/  | death occurred on the date        | e and hour and from th                               | , that (1) (we) lost<br>he couses stated |
| At OR A the host the host the host of DIREC detoched of Dept.  |               | 22b. SIGNATURE  | aems   |   | MEDICAL STAFF DIRECTOR   PHYSICIA | an DAT   | 1/8/                                     |
| retoined by the TO FUNERAL should be detout with the Store IMPORTANT:  |               | CHACKUMKAL  |  | 220 ADDRESS 1   | 4 WELLHAM AV                      | ENUE, SUITI  | E 101                                    |
| 7 5 5 4 3 3 T  |               | URIAL, CREMATION, REMOVAL   | 23b. DATE 23   | NAME OF CEMETERY OR CREMATORY                             | 23d LOCATION<br>CIN OR TOWN       | COUNTY   | STATE                                    |
| BP   |               | b   | 2/5/86   | Therein 8   | WARRI                             | Jaw FAR  | - UA.                                    |
| DHMH - 16 60M 7/84   | Z4 F          | JNERAL DIRECTOR   | ADDRES   | s and and   | TE REC'D. BY REGISTRAR 2:         | D. KEGISTRAR'S SIGNA                                 | A TURE                                   |
| (VRA 15, 4)  |               | 210211  | WY YORD  | K 606 E ASTAN FEB   | 20 1996 4                         | lie Switzen A  | ndulla ;                                 |

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FOR

REGISTRAR

- STATE

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DHMH - 16 50M 4/83 (VRA 15, 4)

INDUSTRY omema(e 13e.STREET ADDRESS / ZIP CODE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 216. HOW INJURY OCCURRED (ENTER NATURE OF ADJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE that (I) (we) lost ., and that in (my) (our) apinion death occurred on the date and hour and from the causes stated PHYSICIAN X DIRECTOR PHYSICIAN Aunapolis COUNTY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER 24 HRS

YEAR

IF UNDER I YEAR

ELLAND RESIDENCE OF CHEST OF THE PARTY OF TH Emiliar States State Land Correct States Land Contract Co The feet of the second Server Designer from Strong Line Line Contra many and the gradual of the state of the sta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR DECEASED NAME 20 DATE KNOWN 2h HOUR THREE COLUMNST DEATH MATED DERRICK ALAN GROFF Feb 1986 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCE February 1964 Male White October 24 BURTHPLACE (STATE OR Kansas Coffeyville 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Anne Arundel County USA DIVORCED O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Mechanic Glen Burnie Arundel Hospital Macev's Exxon 21061 STATE 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN Maryland Glen Burnie Anne Arundel 652 Charante Ct. Apt. 101 NO X IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Marion Groff Betty L. Hood 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. ADDRESS (wife) I HE YES GIVE WAR OR DATES! 220.84.3369 Mrs. Donna M. Groff Same as 13 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO Z 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING passenger of an auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED THE PLACE OF INJURY (AT HOME, 211 LOCATION ngwy . Gamorills Rd. betweenRt. 3&1750 Glen Burnie, NOT WHILE AT WORK Maryland 220 I certify that I taak charge of the remains described above, held an Inspection K and in my apinian Accident X Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED\_ 2-12-86 SIGNATURE. EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23a BURIAL CREMATION REMOVAL 23h DATE 23d LOCATION COUNTY STATE .1986 Meadowridge Mem. Park Burial 07/84 Elkridge Howard Maryland 230. DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Glen Burnie, Maryland Funeral Home (VR A15 ME (5))

|  |               |  |  |   | STATE (       | OF MARYLAND                      |   |                           |   |  |  |
|--|---------------|--|--|---|---------------|----------------------------------|---|---------------------------|---|--|--|
| 051043   | 1-            | FOR<br>STATE<br>REGISTRAR  |  | CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 4 1 5 |               |                                  |   |                           |   |  |  |
| noy be   |               | CEASED NAME PRICE  | irst 1   | MYDQLE  | GRO           | SS                               | 20. DATE OF DEATH                             |                           | YEAR 26 HOUR OF M                             |  |  |
| offer of   | 3. SE         | MALE   | 4 RACE   | B   | S. DATE OF    | - 12 - Ilo                       | 6 AGE (IN YEARS LAST BIR                      | YRS.                      | DATS HOURS MIN.                               |  |  |
| 35   | 12.0          | RTHPLACE (STATE OR FORE<br>COUNTRY)<br>ARYLAND                             | V.S.   | F WHAT COUNTRY?   | MARRIED       | NEVER MARRIED DIVORCED           | Talvana and and                               | DEL COUNT                 |   |  |  |
| (1)  | BAI           | TY OR TOWN OF DEATH  | ANNE   | ARUNDEL G   | ENERAL        | HOSOITAL                         | 12a USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST ( |                           | CIND OF BUSINESS OR<br>USTRY                  |  |  |
| 7. mg 35   |               | AL RESIDENCE (IF NURSING<br>STATE 138<br>ARYLAND                           | HOME OR OTHER INSTITUTION COUNTY                             | 13c. CITY OR TOW<br>ANNAPOL   |               | 3d INSIDE CITY LIMITS?<br>YES NO | 130 STREET ADDRESS<br>1238 Crows              | ZIP CODE<br>Nest Cou      | 21403   |  |  |
| ompletely 1 ond 2 s  |               |  | MIDDLE   | GROSS, ST   |               | ANN TE                           | E . WIDDLE                                    |                           | LSON  |  |  |
| n ond c  | Y)            | VAS DECEASED EVER IN   | U.S. ARMED FORCES?   | 214-05-1  |               |                                  | apolis, Marra<br>GROSS 1238 (                 |                           | Court   |  |  |
| physicic<br>mpopers<br>movol.  |               | 18 CAUSE OF DEATH IS<br>PART I. DEATH WAS                                  | Enter only one couse por<br>CAUSED BY:<br>MEDIATE CAUSE (0)_ | er line for Ab, on  | Esas          | hagres                           | 6   | BE                        | APPROXIMATE INTERVAL<br>TWEEN ONSET AND DEATH |  |  |
| e death cer<br>tottending<br>nove corbo<br>otion, or re<br>troumotic e   |               | Conditions, if ony, will gove rise to immed                                | DUE TO,  | OR AS A CONSEQUE  | reta          | studen                           |   | ó                         | 2 4/15  |  |  |
| that the<br>d by the<br>lease rer<br>iol, crem<br>or other   |               | couse (a), stating underlying cause  | the lost. DUE TO, (c)  | or as a conseque  |               |                                  |   |                           | 9   |  |  |
| requires   | TION          | PART 2. OTHER SIGNIF   |  | ONTRIBUTING TO I  |               |                                  | MINAL DISEASE OR CON                          |                           |   |  |  |
| The low rician.  | CERTIFICATION | 1985   | (  | OF INJURY   | gha           | ques                             | 200 AUTOPSY? YES NO                           | YES 🗌                     | AUSES OF DEATH?                               |  |  |
| PHYSICIAN: The ending physicion this certificate he burnol-tronsit p and Mental Hygien dor frem 18 them.   | MEDICAL CI    | OR CONTRIBUTING CAUS   | SE OF DEATH HOUR   | A.M. MONTH DA   | AY YEAR<br>19 |                                  | RRED (ENTER NATURE OF INJU                    | RY IN ITEM 18 PART I ORP. | ART 2)  |  |  |
| ING PHYSIC r offending wher this cert os the buriol lith and Ment  | MED           | 216 INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK                      | 21e. PLAC  | E OF INJURY<br>STREET, FACTORY, OFFICE F                                    |               | II LOCATION<br>STREET            | CITY OR TO                                    | OWN COUP                  | NTY STATE                                     |  |  |
| R ATTENDI<br>hospital or<br>RECTOR: A<br>hed for use<br>spt. of Heal   |               | 220 I certify that (I) (the<br>saw the deceased a<br>above, (I) (was take) | 7 1  | 0 19  |               |                                  | to 2/18                                       | ote and hour and Ira      | , that (II-(me) lost<br>om the couses stated  |  |  |
| the the Directory of th |               | 226 SIGNATURE  | lselu  | ا   | K             |                                  | MEDICAL STA                                   | FF _                      | 1 DATE SIGNED<br>2 - 11 - 86                  |  |  |
| o HOSPITA<br>etoined by<br>TO FUNER<br>should be d<br>with the Sto   |               |  | LSCHUH   |   |               | 16 Wuyy                          |   | Anua                      | solis   |  |  |
| BP   | Bt            | URIAL, CREMATION, REA  | 2-14-1   | 986 Ma  | ryland        | Veterans Ce                      |   |                           | A. Marylar                                    |  |  |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  |               | INERAL DIRECTOR LLIAM REESE  | Annapol:   | RTUARY, P   | .A.           | FEB                              | 1 8 1986                                      | 256. REGISTRAR'S SI       | GNATURE ROMANDE                               |  |  |

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|  |               | FOR   | DEBART  | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY             | CHAIR O  | -> 1 7   |
|--|---------------|---|---|--|--|--|
| 071083   | 1.            | STATE<br>REGISTRAR  | DEFARI  | CERTIFICATE OF DEATH                                       | REG. NO.                                       | 3411   |
| moy be<br>poge 3   |               | CEASED NAME OR PRINT)   | MIDDLE S .  | Hall   |  | 12 86 2 AM   |
| ge 4 mo  | 3 SE          | FEMALE  | CAUCASIAN   | S. DATE OF BIRTH NOV. 18 1909                              |  | IF UNDER 1 YEAR IF UNDER 24 HRS<br>ONTHS DATS HOURS MIN, |
| Beach. Po  | 7d B<br>M:    | RTHPLACE CONTROP OR FOREIGN   | U.S.A.  | MARRIED NEVER MARRIED WIDOWED DIVORCED                     | 9 BALTIMORE CITY OR COUNTY<br>ANNE ARUNDEL     | OF DEATH<br>COUNTY                                       |
| s offer of by the fulled with  |               | TY OR TOWN OF DEATH<br>NNAPOLIS ANN   |   | NG HOME OR OTHER INSTITUTION                               | 120 USUAL OCCUPATION HOMEMAKENRORKING LIFE     | 12b. KIND OF BUSINESS OR                                 |
| 24 hour  | 113a S        | STATE 136 COUN  | OTHER INSTITUTION, GIVE RESIDENCE BEFOR                             | VN 134 INSIDE CITY LIMITS?                                 | 13e.STREET ADDRESS / ZIP CODE<br>4429 MUDDY CR | EEK RD. 2077   |
| mpletely   | C]            | HARUES  | MIDDLE STALLINGS  | 15 MOTHER'S MAIDEN NA EDITH                                | AME  | WLERLAST   |
| n and co   |               | VAS DECEASED EVER IN U.S. AR<br>YES, NO OR UNKNOWN)   (IF YES GIV                             | MED FORCES? 166 SOCIAL SECU<br>E WAR OR DATES) 218-36-              |  | ADDRESS HALL, JR. SAME                         | AS 13E   |
| went, the  |               | PART I. DEATH WAS CAUSE   | nly ane cause per line far (a), (b) ar<br>D BY<br>(E CAUSE (a) RENA | Failure  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH             |
| at the depth of the different control of the different control of the different troumblic or or other troumblic. |               | Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last | DUE TO, OR AS A CONSEQU   |  |  | 1½ yrs   |
| been simit The prior to the only injury.   | CATION        | PART 2 OTHER SIGNIFICANT (  |   | DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES,                      | WERE FINDINGS USED                                       |
| N. The knysicion<br>cate has<br>ronsit per<br>Hygiene  | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA                                     |   | 21¢ HOW INJURY OCCUR                                       | YES NO YES                                     |  |
| PHYSICIA<br>ending pl<br>this certif<br>ne buriol-in<br>ad Mental  | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINER  | (III)   | 19 211 LOCATION  | CITY OR TOWN                                   | COUNTY STATE   |
| ENDING PI<br>of or other<br>DR After th<br>r use as the<br>Health and<br>is marked                               |               | AT WORK AT WORK   | tal) attended the deceased from_                                    |  |  | 9. 86 that (1) we) last                                  |
| AL OR ATTI<br>the hospit<br>AL DIRECTO<br>letached fai<br>site Dept. of<br>T: If them 21                         | 2.0           | 122. SHOP THE WAY   | t has the body after death.   | DEGREE ATTENDING   | death accurred on the date and haur            | 22c DATE SIGNED  |
| TO HOSPITA retoined by TO FUNERA should be di with the Stall IMPORTANT   |               | To seph   |   | 22e ADDRESS  | ely Ave Anna                                   | solis mel.   |
| RP   | 23a B         | URIAL, CREMATION, REMOVAL<br>JRITAL   |   | NAME OF CEMETERY OF CREMATORY OPE CHAPEL CEMET             | ERY MAYO ANNE                                  | ARTINDEL 25 N  |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

E. EVANS ANNAPOLIS, MARYLAND 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Service Sea

STATE OF MARYLAND

STATE ADDRESS AND THE PROPERTY OF THE PARTY OF THE PARTY

BABAS LLI CONTRACT LLIA

| 49035  | 1-          | FOR<br>STATE<br>REGISTRAR   |   |   | CERTIFI      | OF MARYLAND FALTH AND MENTAL HYG CATE OF DEATH | IENE 8 6                             | 0 3  | 4 1 9  |     |
|--|-------------|---|---|---|--------------|--|--------------------------------------|--|--|-----|
| n m =  |             | CEASED NAME FIRST   |   | MIDDLE  | LA.          | ST   | 20. DATE OF DEATH                    |  | YEAR 26 HOUR   |     |
| oy be<br>oge 3<br>deoth  |             | Charle  |   | Roger   |              | Harris   |                                      | 2/6/1986                                     |  | M   |
| rs offer.  | 3. SEX      | ale   | black   |   | 5. DATE O    | 25/1916  | 6 AGE (IN YEARS LAST BIR             |  | 1 YEAR IF UNDER 24 HR  | _   |
| 32 76  | (           | RTHPLACE (STATE OR FOREIGN  | 76. CITIZEN OF  | WHAT COUNTRY?   | 8<br>MARRIED | NEVER MARRIED                                  | 9 BALTIMORE CITY O                   | R COUNTY OF DEA                              | ATH  |     |
| 622  |             | aryland   | U.S.  |   | WIDOWE       | DIVORCED [                                     |                                      | ndel Coun                                    | ty ^   | ND. |
| 1100   |             | TY OR TOWN OF DEATH<br>EVERN  |   | HOSPITAL, NURSIN<br>HEACILITY, GIVE STREET<br>Ark Stati |              | nd   | TYPE OF WORK FOR MOST O              | F WORKING LIFE) INDL                         | (IND OF BUSINESS O<br>JSTRY<br>ONSTRUCTIO                      |     |
| 123  | Illa S      | aryland 136 C   | ME OR OTHER INSTITUTION   | 13c. CITY OR TOW  |              | 13d INSIDE CITY LIMITS?                        | Station                              | ZIP CODE 784<br>Baltim                       | 1 Clark Sta<br>ore, Marylan                                    |     |
| THE  | 7. FA       | Samuel  | WIDDIE  | Harris  |              | 15 MOTHER'S MAIDEN NA                          | WE                                   |  | nson   | _   |
| S. Pog   |             | VAS DECEASED EVER IN U.S<br>(ES, NO OR UNKNOWN) (IF YE  | S. GIVE WAR OR DATES)   | 705-07-727  |              | Geneva A. Harri                                |                                      | ss 7841 Clarl<br>imore, Mary                 | k Station Rd   |     |
| d by the attending phy lease remove carbon pour companies, or remove or or attended or attended or attended or attended to a the control or attended to a the con |             | PART I DEATH WAS CA<br>IMME<br>Conditions, if ony, which<br>gove rise to immediate<br>couse (o), stating the<br>underlying couse lost | DUE TO, O  h  b  DUE TO, O  h  D  D  D  D  D  D  D  D  D  D  D  D   | R AS A CONSEQUE   | stati        | e carcimor                                     | WA . METAS                           |  | APPROXIMATE INTERVALLY TWEEN ONSET AND DEATH MINUTES  13 month |     |
| Then plur to burn  | NO          | PART 2 OTHER SIGNIFICA  | NT CONDITIONS <u>C</u>  | ONTRIBUTING TO E  | DEATH BUT    | NOT RELATED TO THE TERM                        | INAL DISEASE OR CON                  | DITION GIVEN IN PA                           | ART Ito  |     |
| hos bee<br>t permit.<br>ene prio   | TIFICATION  | 19a DATE OF OPERATION   | 19b. COND   | ITION FOR WHICH   | OPERATION    | WAS PERFORMED                                  | 200 AUTOPSY?                         | 20b. IF YES, WERE<br>IN CERTIFYING C.<br>YES | FINDINGS USED<br>AUSES OF DEATH?                               | _   |
| certificate rial-transit entol Hygi them 18 sh   | CAL CERTIFI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C  | F DEATH HOUR A  | FINJURY<br>M. MONTH DA<br>M.                            | YEAR         | 21c HOW INJURY OCCURI                          | RED (ENTER NATURE OF INJUI           | RY IN ITEM 18 PART 1 OR P                    | ARI 2)   |     |
| ter this of the burner or the  | MEDICAL     | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e PLACE<br>(AT HOME ST  | OF INJURY<br>REET, FACTORY, OFFICE F                    | ARM, ETC )   | 211 LOCATION<br>STREET                         | CITY OR TO                           | wn cou                                       | NIY STATE  |     |
| Spital or<br>CCTOR. At<br>d for use of<br>t of Health  | 8           | 220 I certify that (1) this h<br>sow the deceased alw   | TANVA   | e deceased from   | 36 , on      | that in (my) (our) apinion                     | to FChrica, death occurred on the do | te and hour and fro                          |  | st  |
| SAL OR RAL DIRE RAL DIRE detached stote Dept.  |             | 228 PHYSICIAN'S NAME (  | I REPORTED TO THE PROPERTY OF | itte  | M            | ATTENDING PHYSICIAN                            | MEDICAL STAR                         | F  | DATE SIGNED  | )   |
| o FUNE<br>nould be<br>int the S  |             | MICHAE  | L R   | SATTA   | m            | JO HOS   | HOPKINS                              | HOSPIT                                       | M  |     |

DHMH - 16 60M 7/84 (VRA 15, 4)

[SPECIFY]

23a. BURIAL, CREMATION, REMOVAL

Burial

2/11/1986

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Saint Rest Cemetery

23d LOCATION CITY OF TOWN Severn

COUNTY

Maryland

Nutter Sons Funeral Home, Inc. ADDRESS 2501 Gwynns Falls Pkwy. Baltimore, Maryland 21216 250. DATERE DI BY SECTEMBE 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

|   | 1-            | FOR<br>STATE<br>REGISTRAR  |   | CERTIF               | EALTH AND MENTAL                  | 0                      | 6 REG. NO.                               | 3                                | 43 6                   | 2 0                               |
|---|---------------|--|---|----------------------|-----------------------------------|------------------------|--|----------------------------------|------------------------|-----------------------------------|
|   | (PEPE         | CEASED NAME FIRST  |   | Ndal L<br>Is Date of | Henders                           |                        | F DEATH MONTH  Feb  YEARS LAST BIRTHDAY) | 20                               | 1986<br>IPRO           | 7:30 M                            |
|   | 1.50          | FEMALE   | RACE  | MONTH<br>9           |                                   | 7 7                    | 8 YF                                     | RS                               | DAYS                   | HOURS MIN.                        |
| 5 | 100           | Ma   | U, S, A   | WIDOWE               |                                   | i A                    | ORE CITY OR COU                          |                                  |                        | MD.                               |
| 0 | 14            | NNA POLIS  | MAME OF HOSPITAL,                                 | LAY                  | STreeT                            | (TYPE OF WO            | OCCUPATION RK FOR MOST OF WORKIN         | NG LIFE) IN                      | DUSTRY                 | BUSINESS OR                       |
| 5 | the S         | AL RESIDENCE (IF NURSING HOME OR OTH   | 13c. CITY C                                       | DR TOWN ,            | 134 INSIDE CITY LIMIT<br>YES NO [ | 54 C                   | ADDRESS / ZIP C                          | 214                              | +0/                    |                                   |
| 1 |               | m oses   | 132   | AST                  | Emile                             |                        | WIDDLE                                   | Rai                              | VdA LAST               | 44                                |
| 1 |               | WAS DECEASED EVER IN U.S. ARMEI<br>YES, NO OR UNKNOWN] (IF YES GIVE W.                                 |   | 143404               | Char Les                          | PhiLi                  | ADDRESS                                  | SAM                              | e As                   |                                   |
|   |               | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C                                | SY. Jako  | Cardia               | c Death                           | at ho                  | me                                       | 1                                | APPROXIM<br>BETWEEN OF | diato                             |
|   |               | Canditions, if any, which  | DUE TO, OKAS A CON                                | NSEQUENCE OF         | ioschoote                         | c Cardio               | o-vasc, a                                | lis                              | yaa                    | es                                |
|   |               | gave rise to immediate cause (a), stating the underlying cause lost                                    | DUE TO, OF SAN CON                                | NSEOVENCE OF         | ollihis.                          | type 7                 |  |                                  | Jea                    | us                                |
|   | NOU           | PART 2 OTHER SIGNIFICANT COM   | nditions <u>contribut</u> ii                      | NG TO DEATH BUT      | NOT RELATED TO THE                |                        |  |                                  |                        |                                   |
| 1 | CERTIFICATION | 90 DATE OF OPERATION   | 196 CONDITION FOR                                 | WHICH OPERATIO       | N WAS PERFORMED                   | YES -                  |  | F YES, WEF<br>ERTIFYING<br>YES [ |                        | GS USED<br>OF DEATH?<br>NO []     |
| 1 | 133           | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)        | HOUR A.M. MON                                     | TH DAY YEAR          | 21c. HOW INJURY O                 | CCURRED (ENTERN        | nature of inju <b>r</b> y in itea        | w 18 PART 1 O                    | RPART 2)               |                                   |
|   | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE OF INJURY<br>(AT HOME STREET, FACTORY, |                      | 211 LOCATION<br>STREET            | (                      | CITY OF TOWN                             | C                                | OUNTY                  | STATE                             |
|   |               | 220.1 certify that (I) (this bospital)<br>law the deceased alive an<br>above, wr(we) (did) (and not) v | 1-12-406  | 2 19                 | 1-1909, 19                        | inian death accurr     | ed on the date and                       | , 19<br>I hour and               |                        | hat (I) (re) last<br>auses stated |
|   |               | SMATURE NOU  | tom   | un                   | DEGREE ATTENDII PHYSICI           | NG MEDICAL<br>DIRECTOR | STAFF                                    | 2                                | 2/21                   | 186                               |
| 1 |               | PETER F. VERKOU  |   |                      | 1833 Fore                         | storiv                 | e Anna                                   | psi                              | hod 2                  | 21401                             |
|   | 230 B         |  | 23b DATE  |                      | EMETERY OR CREMAT                 | CIT                    | Y OR TOWN                                | A COU                            | NIX                    | STATE                             |
|   | P             | SHOLAL I   | Colate 198  | 4 H>0                | Wor HIL                           | LAA                    | VALADOL                                  | .16                              | A.A                    | ma                                |

DHMH - 16 60M 7/84

(VRA 15, 4)

C. 8, HICKS

25a DATE RECD. BY REGISTRAN FEB 27 1986

25b. REGISTRAR'S SIGNATURE Fulia Davidson-Randam

STATE OF MARYLAND 057094 FOIL DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH YEAR DECEASED NAME 26 HOUR LIVING CHINANG 01 86 AM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1. SEX DATE OF BIRTH VEAR FEMALE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ 126. KIND OF BUSINESS OR INDUSTRY MIDDLE ADDRES Same IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for too, this, and to be PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSECUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES [] 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e, PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHITE AT WORK 06 220.1 certify that (1) this haspital) attended the deceased fram eceased a faur) apinian death occurred an the date and haur and from the causes stated the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN Rock Creek FUNERAL DIRECTOR DHMH - 16 50M 4/B3 - Hongotis MD (VRA 15, 4)

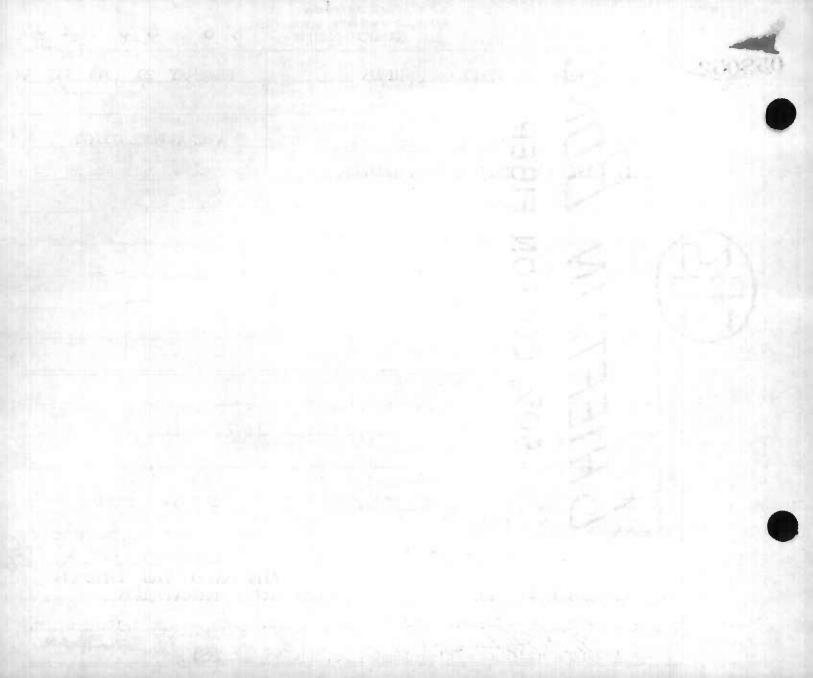
Annal Street Homemone Homemone Homemone TOTAL TENTRE TENTRAL X - Ellogonia - OH - CA Edward C. Baltz Malberine Duelerman The Statement of the Heath Meath and the war which is the transfer of the second of the s Survey For Hotel Back Creek - hockleek and James De Curl zita anali legal Dimensi di coli col

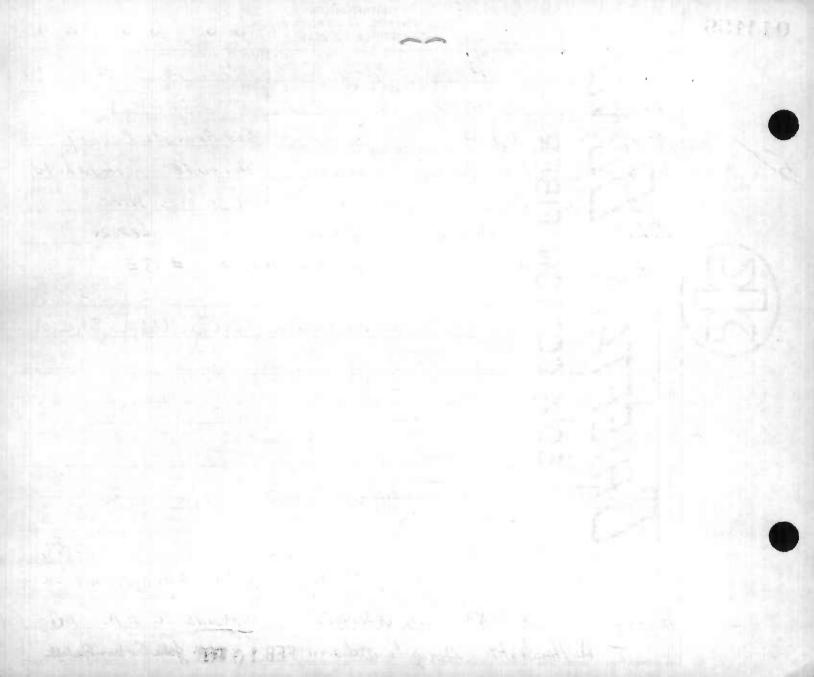
|  |  |               |                                |                               |                           | -           |                         | FMARYLAN          |                |                   |               |             |           |                           |                  |
|--|--|---------------|--------------------------------|-------------------------------|---------------------------|-------------|-------------------------|-------------------|----------------|-------------------|---------------|-------------|-----------|---------------------------|------------------|
|  |  | 1-            | FOR<br>STATE                   |                               |                           |             | MENT OF HEA             |                   |                | 1.5               | 1             | 7 3         | dut       | 2 1                       | )                |
| 0:   | 37058  | 1 00          | REGISTRAR                      | FIRST                         | MED                       |             | EXAMINER'               |                   | CATEO          |                   | REG.          | NO.         | 100       | Com 11                    |                  |
| , 0,   | ,, 000   |               | CEASED NAME<br>E OR PRINT)     |                               |                           | WIDDLE      |                         | LAST              |                | 0                 |               |             | ITH DAY   | YEAR                      | 26 HOUR          |
|  | E SER GAS  |               |                                | Caro                          |                           | L.          |                         | Hill              |                |                   | TH MATED      | U 2         | 2-2       | 1986                      |                  |
|  | 원 등 등 등  | 3 SEX         | 4 6                            | RACE                          | S. DATE OF BIRTH          | YEAR        | 6 AGE (IN YEARS II      | UNDER 1 YR.       | IF UNDER       |                   | ATE<br>DUNCED | MONT        | TH DAY    | YEAR                      | 10:58            |
|  | 2005   |               |                                | ucasiar                       |                           |             | 41 YRS.                 |                   | - 44           |                   | EAD           | 2           | 2-2       | 1986                      | p. ~             |
| -  | SSE SEE  | 70 B          | RTHPLACE (STATE                | OR                            | 76. CITIZEN OF WH.        | AT COUN     | NTRY? 8. M.             | RRIED NE          | VER MARRI      | ED 7. BAL         | TIMORE CIT    | Y OR COL    | JNTY OF   | DEATH                     |                  |
| T  | SE SE CE   |               | cyland                         |                               | U.S.A.                    |             |                         | OWED X            | DIVORC         |                   | nne Ar        | unde]       | L Cou     | nty,                      | MD               |
| 1  | EARES!   | 10. C         | TY OR TOWN OF                  | DEATH                         | 11. NAME OF HOSP          |             |                         | OTHER INSTITU     | TION           | 120. USUAL OC     | CUPATION (    | (TYPE OF WO | RK 12b KI | IND OF BUSTR              | SINESS<br>RY CO. |
| 1971   | 30° 30   |               | Annapolis                      |                               |                           |             | General                 | Hospita           | 1              | Crossi            | ng Gua        | rd          |           | e Aru                     |                  |
| 10   | O CANADA   |               | AL RESIDENCE (# 11<br>TATE     | 13b COUN                      | R OTHER INSTITUTION, GIVE |             | OR TOWN                 | 113d. INSIDE C    | ITY LIMITS?    | 13e STREET AD     | DRESS         |             |           |                           |                  |
| 2  | A S R O S  | Ma            | aryland                        | Anne                          | Arunde1                   | Cap         | e St. Cla               |                   |                | 850 Ha            |               | iew I       | rive      | 2.                        | 1401             |
| MD   | F. 202   | ₩.F.          | ATHER'S NAME                   |                               | MIDDLE                    |             | LAST                    | 15. MOTHE         | ER'S MAIDE     | NNAME             | MIDDLE        |             |           | LAST                      |                  |
| ME.  | NORE,  |               | narles                         | Aust                          |                           |             | d, Jr.                  |                   | ginia          | Wa                | aldron        |             | Swob      | oda                       |                  |
| - N  | FIER D   |               | VAS DECEASED EN                | VER IN U.S. ARA               |                           | 16b. SOC    | CIAL SECURITY NO.       | 17. INFOR         |                |                   | 298           | ESB. N      | V. Co     | mmerc                     | e St.            |
| A  | A PASSE  | Yes           | 3                              | Viet                          | Nam                       | 21          | 9-44-5710               | Miss              | Virg           | inia Li           | nk Cen        | trevi       | llle,     | MD.                       | 2161             |
| - 2  | D. W. T. O.  | 1             | 18 CAUSE OF D                  | I VALAC CALICER               | y ane cause per line f    |             |                         |                   |                |                   |               |             | BET       | APPROXIMATE<br>WEEN ONSET | INTERVAL         |
| N S  | AL SWIGHT  |               | PARTIDEAT                      | IMMEDIA]                      | E CAUSE (a)               | Carb        | on Monoxi               | de Into           | xicat          | ion               |               |             |           | 2/12                      |                  |
| STC  | SA S   |               |                                |                               | DUE TO, OR                | AS A CON    | NSEQUENCE OF            |                   |                |                   |               |             |           |                           |                  |
| 2  | WITH<br>MINER<br>TRAN<br>TRAN<br>OR RE   |               |                                | if any, which<br>to immediate | (b)                       |             |                         |                   |                |                   | 100           |             |           |                           |                  |
| 3  |  |               | cause (a) sta<br>lying cause l | ting the <u>under</u> -       | DUE TO, OR                | S A CON     | SEQUENCE OF             |                   |                |                   |               |             |           |                           |                  |
| . 20   | S A S A S A S A S A S A S A S A S A S A  |               |                                |                               | (c)                       |             |                         |                   |                |                   |               |             |           |                           |                  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | WUD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL- E HEALTH AND ME AL, CREMATION, (   | -             | PART 2 OTHER SIGNIF            | ICANT CONDITIONS              | CONTRIBUTING TO DEATH B   | JT NOT RELA | ATED TO THE TERMINAL DI | SEASE OR CONDITIO | N GIVEN IN PAI | RT 1 (a),         |               |             |           |                           |                  |
| ECO  | MEDINAS AS A SETH CREA   | CERTIFICATION | 19a DATE OF OP                 |                               |                           |             |                         |                   |                |                   |               |             |           |                           |                  |
| AL.  | WORD "P  | S S           | 140 DATE OF OP                 | ERATION                       | 196. CONDITI              | ON FOR      | WHICH OPERATION         | N WAS PERFOR      | MED?           |                   |               |             | 2D /      | AUTOPSY?                  |                  |
| N I  | S O H F H  | Ē             | 210 EXTERNAL C                 | ALICE WAS                     | 21b TIME OF               | 10.141.151. | 100                     |                   |                |                   |               |             |           | YES 🗌                     | иоХХ             |
| 0  | G THE W<br>TO THE<br>HOULD B<br>ARTMEN   |               | UNDERLYING >                   | XOR                           | HOUR A.M.                 |             | DAY YEAR                |                   |                | D LENTER NATURE C |               |             |           |                           |                  |
| 0  | GARAGE STATE   | MEDICAL       | CONTRIBUTING                   | CAUSE OF I                    | P.M.                      | 2-          | 2 1986 S                | ubject            | inhal          | ed exha           | ust fu        | mes i       | Erom      | auto                      |                  |
| N V  | CERTINGED DED  | MED           | WHILE NAT WORK                 | OKKED                         | STREET, FACTO             | RY, FARM, E | TC.)                    | STREET            |                |                   | RIOWN         |             | COUNTY    | - 6.6                     | STATE            |
| -  | WAR<br>WAR<br>WAR<br>VAG   | 199           | AT WORK A                      | TWORK                         | in                        | auto        | 18                      | andy Pt           | . Sta          | te Park           | ,Anne         | Arun        | del C     | O., N                     | 1d.              |
|  | FOR THE S  |               | 220. I certify th              | nát I toak charg              | e of the remains/desc     | ribed abo   |                         | tapsy .           | Inspection     | X, Inqu           | piry .        | and in my   | y apinian |                           |                  |
|  | MIN SELECTION OF THE SE |               | death resulted f               | rom: Natur                    | al causes                 | Accident    | , \ Suicide             | XX Hamid          | ide .          | Undetermined      | manner _      | ].          |           |                           |                  |
|  | DIE MIT  | 1             | ACTUAL AS                      | 10000                         | 1074                      |             | M 111                   | TITLE (S          |                |                   |               |             | 3134      |                           |                  |
|  | ZESZE W  | 1             | SIGNATURE                      | cour                          | ~ KIN                     | legy        | 15 Jours                | M.D. ASSi         | stant          | MEDICAL EX        | KAMINER       | DA<br>SIG   | SNED      | 2-3-8                     | 36               |
|  | NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE  | 1             | EXAMINER'S NA                  | ME Dani                       | nis F. Smy                | +14         | M D                     |                   | 111            | Penn St           | Ra1           | to          | Md        | 2120                      | )]               |
|  | TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUDD BE FOR THE FORM TO FUNERAL DIRECTE AFFER BEATH WITH THE BALTIMORE, MARYLAI  |               | (TYPE OR PRINT)                | Delli                         |                           |             |                         | ADDRESS_          |                |                   |               | ,           | I'ICI •   | 2120                      |                  |
|  | F E C F < 0  | 23e.B         | URIAL, CREMATIO                |                               |                           |             | NAME OF CEMETER         |                   |                | 23d. LOCATIO      | 4             |             | COUNTY    |                           | ATE              |
| 07/84<br>25M                                 | BP   | 74 F          | Buria<br>UNERALDIRECTO         | D                             | 2/5/86                    |             | ruid Ridg               |                   |                | Pikes             |               | _           | Ltimo     |                           | MD.              |
|  | DHMH - 17  |               | NAME LOTIT                     | ig Byers                      | Funerads                  | Dire        | ctors, In               | C.                | FEB            | 04 198            | 64 100        | S C C C     | SANA I    | unple                     | 70               |
|  | (VR A15 ME (5))  | 10/           | Zo Libert                      | cy Road                       | Randallst                 | own.        | Maryland                | 211331            |                |                   | 1 130         | )U ~        | し大は       | 1 th Down                 | 410adel          |

W ... TO THE MAN AD BUT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE





## - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| F | DECEASED NAME FIRST  | MIDDLE   | LAST                      | 20 DATE OF DEATH MONTH DAY YEAR                        | 2b. HOUR                         |
|---|--|--|---------------------------|--|----------------------------------|
| 1 | WILLI  | AM CHRISTIAN   | HOFFMAN                   | February 9, 1986                                       | PM                               |
| 1 | olitix   | 4 RACE   | 5. DATE OF BIRTH          | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR          | IF UNDER 24 HRS                  |
| 1 | Male   | White  | October 25, 1893          | 92 YRS MONINS CAIS                                     | HOURS MIN.                       |
| ₽ | IN BINEHIT ACT (STATE OR FOREIGN   | 76 CITIZEN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED  | 9 BALTIMORE CITY OR COUNTY OF DEATH                    |                                  |
| 1 | Maryland   | U.S.A.   | WIDOWED DIVORCED          | Anne Arundel   | MD,                              |
| 1 | Baltimore  | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 6983 Baltimore  |                           | 1 Substitutelident 1                                   | BUSINESS OR<br>Merican<br>Lines  |
| r | 130 STATE 136. COL   | or other institution give residence before UNIY 13t CITY OR TOWN  a Arundel Baltimor | N 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE<br>6983 Baltimore & Anna | 21225<br>polis Bl                |
| 0 | FATHER'S NAME Christian  | Hoffman Hoffman  | 15 MOTHER'S MAIDEN N      | ame<br>Middle<br>UNKNOW                                | N                                |
| T |  | ARMED FORCES? 166 SOCIAL SECU<br>SIVE WAR OR DATES) 215-05-7                         | ( W                       | ife) ADDRESS Same as<br>M. Hoffman # 13                |                                  |
| ľ | PART I. DEATH WAS CAUS   | only one couse per line for 101. (b), and SED BY.  ATE CAUSE (o)                     | il Mydon                  | h-l i-fandin   | MATE INTERVAL<br>ONSET AND DEATH |
|   | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. |  | descent cand              | is dos who dies  |                                  |

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

OR CONTRIBUTING CAUSE OF DEATH

P.M.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO

NOT WHILE

9 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION

COUNTY CITY OR TOWN

STATE

220.1 certify that (I) (this hospital) attended the deceased from

DEGREE

May . ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

200 AUTOPSY?

Dr. Ricardo Lozada

1228 So. Charles Street, Baltimore, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Md.

234 NAME OF CEMETERY OR CREMATORY February 12, Baltimore Cemetery

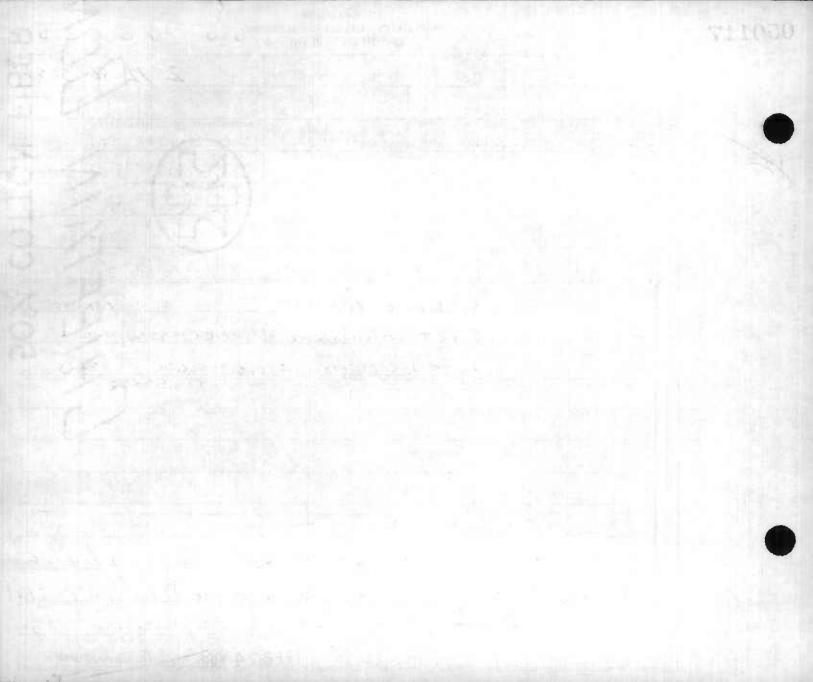
Baltimore,

City Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

300 n 2 577

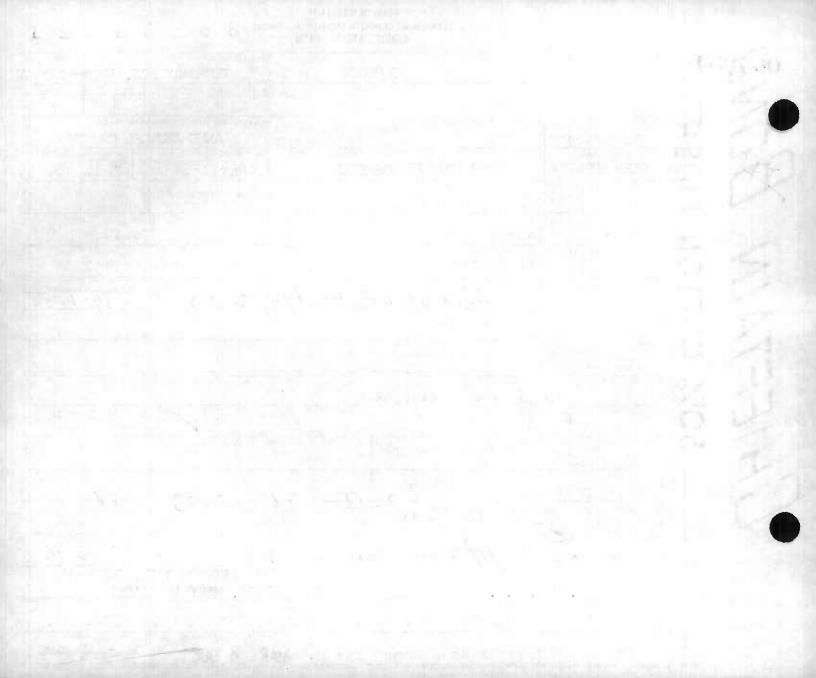
| TO SERVICE AND PRODUCT OF THE PROPERTY OF THE  | 050                                      | 1114                                    | -   | _             | em 2a,231                           | o,Per          | . F.H.          |                          |                                 | OF MARYLAND            | HYGIEN    | En /                           | 2 000        |            |               |
|--|--|---|-----|---------------|-------------------------------------|----------------|-----------------|--------------------------|---------------------------------|------------------------|-----------|--------------------------------|--------------|------------|---------------|
| December    | Udrij                                    | 111                                     |     | 1 -           |                                     |                |                 |                          |                                 |                        |           | 000                            | 1 3          | 4.         | 40            |
| Frank   S.   S.   S.   S.   S.   S.   S.   S   |  |   |     |               |                                     | FIRST          |                 | WIDDLE ,                 | t                               | AST                    | 20        |                                | DAY          | YEAR       | 2h HOUR       |
| The state of the s | ě  | eo de 3                                 |     | TYPE          |                                     | rank           |                 | G.                       | H                               | oldampf                | 1         | 2                              | 12           | 86         | 5:58          |
| male white 2-21-1911 74  | F OF                                     | po de d                                 |     | 3 SEX         |                                     | 3              | 4 RACE          |                          | S. DATE C                       | FBIRTH                 | 6 /       | AGE (IN YEARS LAST BIRTHDAY)   | IF U         |            |               |
| NOT CITY U.S.A. MODERNE DOORS OF CHERNISTUTION  Annapolis chernistic consumers of the consu | 4  | cto.                                    | 00  | m             | ale                                 |                | whi             | te                       | 2-2                             | 1-1911                 |           | 74 y                           | RS.          | THS DATS   | HOURS MIN.    |
| N.Y. City U.S.A.  Note: The Residence of the September of | 0  | 62 4                                    | 6   | 7a. BIF       | CHINERY                             | FOREIGN        | b CITIZEN OF    | WHAT COUNTR'             | Y? 8                            | NEVER MARRIED          | 9 1       | BALTIMORE CITY OR COL          | JNTY OF      | DEATH      |               |
| Annapolis Annapolis Anna Arundel General Hosp.    Annapolis   Anna |  | 16                                      | 7   | N             | .Y. City                            |                | U.S.A           | •                        |                                 | 41                     |           | Anne Arund                     | el           | Co.        | MD.           |
| Annapolis Anne Arunée General Hosp. U.S. Gov't Civial Servi  Basine Finisher Finisher Child Chief Republic Control Republic C | 12                                       | . 21 3                                  | 13  | 10 CI         | TY OR TOWN OF DE                    | ATH            |                 |                          |                                 | ROTHER INSTITUTION     | 17        | YPE OF WORK FOR MOST OF WORK   | ING LIFE) B  | NDUSTRY    |               |
| M. A. A. CO. Crownsville vs.   No.   1016 Tudor Dr.  | 0/                                       | 51                                      | 5   | A             | nnapolis                            | 5              | Anne            | Arunde                   | Gene                            | ral Hosp.              |           | U.S. Gov't                     |              | Civia      | ıl Servi      |
| THE CAUSE OF DEATH ENGINEERING OF DEATH OF THE SIGNIFICANT CONDITION FORWARD TO PART 1. OTHER SIGNIFICANT CONDITION FOR | AND 21                                   | filled in                               | 36  | USUA<br>13a S | AL RESIDENCE (IF NUF<br>TATE<br>Md. |                |                 | 134 CITY OR TO<br>Crown: | ORE ADMISSIONI<br>OWN<br>SVILLE | 136 INSIDE CITY LIMITS | 5? 13e    | STREET ADDRESS / ZIP (         | code<br>r Dr | 21         | 102           |
| NOT STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH STATE OF THE SIGNIFICANT CONDITIONS CONTRIBUTIONS DEATH STATE OF THE SIGNIFICANT  | My M | a Z Z                                   | 20  |               | FIRST                               | A              | AIDDLE          | LAST                     |                                 | ****                   |           | MIDDLE                         |              | LAS        |               |
| TO YOUR MAND OUT TO THE STORY WHICH OPERATION WAS PERFORMED TO THE TERMINAL DISEASE OF DEATH IS NOW IN JURY OCCURRED (INTERNATIVE OF PART I) THE MEDITAL PART I DEATH OF PART I) THE MEDITAL PART I DEATH OF PART I) THE MEDITAL PART I DEATH OF PART I DEATH WAS CAUSED BY IMPORTANT WHICH IS NOW IN JURY OCCURRED (INTERNATIVE OF PART I) THE MEDITAL PART I DEATH WAS CAUSED BY IMPORTANT WHICH IS NOW IN JURY OCCURRED (INTERNATIVE OF PART I) THE MEDITAL PART I DEATH WAS CAUSED BY IMPORTANT WHICH IS NOW IN JURY OCCURRED (INTERNATIVE OF PART I) THE MEDITAL PART I DEATH WAS CAUSED BY IN JURY OCCURRED (INTERNATIVE OF PART I) TO THE TERMINAL DISEASE OF DEATH PART I DEATH OF PART I) TO THE TERMINAL DISEASE OF DEATH PART I DEATH OF PART I) TO THE TERMINAL DISEASE OF DEATH PART I DEATH OF P | MA Fed                                   | ompl                                    | 1   |               |                                     |                |                 |                          |                                 |                        | na        |                                |              | Zeeh       | iner          |
| 18 CAUSE OF DEATH Enter only one couse per line for (o), ib. and (c)   | Xec.                                     | ges j                                   | 1   |               |                                     |                |                 | 166 SOCIAL SE            | CURITY NO                       |                        |           |                                |              |            |               |
| PART L DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (a), stoling the underlying couse but underlying couse underlyi | TIM<br>be e                              | S. Po                                   | 1   | n             | 0                                   |                |                 | 084-0                    | 7-0442                          | Ruth Hol               | dam       | pf same                        | as 1         | 1 107      |               |
| MARCHATE CAUSE (a)   DEPTO OF A SA CONSCOURNED OF SOUTH HOURS   DUE TO, OR AS A CONSCOURNED OF SOUTH HOURS      | BAL<br>cote                              | oper<br>oper<br>ovol.                   |     |               | 18 CAUSE OF DEA                     | TH (Enter on   | y one couse per | line for (a), (b),       | and (c+)                        | 1                      |           |                                |              |            |               |
| DOUGH THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DIMENSURED INC. CRITICAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DIMENSURED INC. CRITICAL CRUSTS OF DEATH?   | ST.,                                     | g ph<br>gong<br>remo                    |     |               |                                     |                |                 | CARS                     | DIAC                            | HUVEST                 |           |                                |              | MIN        | urss          |
| DOUGH THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DIMENSURED INC. CRITICAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DIMENSURED INC. CRITICAL CRUSTS OF DEATH?   | NO 4                                     | cork<br>n, or                           |     |               |                                     |                | DUE TO, O       | R AS A CONSEC            | UENCE OF                        |                        | 0         |                                |              |            |               |
| DOUGH THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DIMENSURED INC. CRITICAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DIMENSURED INC. CRITICAL CRUSTS OF DEATH?   | RES.                                     | move<br>notio                           |     |               | gove rise to im                     | mediate        |                 |                          |                                 | CHANICAC               | .0/       | 45500347                       | 400          | 14000      | 165           |
| VOUNDAME    196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   208 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NOW YES | 4 4-                                     | se re                                   | 30  |               |                                     |                | DUE TO, O       |                          |                                 | 20 200 - ()            | 7         | CAMPECULA A                    |              | V54        | ne            |
| VOUNDAME    196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NOW YES | 201                                      | plea<br>priol.                          |     |               | PART 2 OTHER SIG                    | NIFICANTO      | ONDITIONS CO    | ,                        |                                 |                        |           |                                |              |            |               |
| 270.1 certify that (I) (this hospital) attended the deceased from the date on the date and hour and Iram the causes stated obove. (I) the day of the date of the date of the date on the d |  | The to                                  |     | Z O           | TAKE I OTHER SIG                    | A THE PORT OF  | 0.101110110     | J. T. KILOTIKO II        | O DEATH BOT                     | NOT KEERIED TO THE T   | LKMA      | LE DISEASE OF CASE             | 10000        | AKI III    |               |
| 270.1 certify that (I) (this hospital) ottended the deceased from  | 0 }                                      | mit.                                    | 3   | PAT           | 190 DATE OF OPERA                   | NOITA          | 196 COND        | ITION FOR WHICE          | CH OPERATIO                     | N WAS PERFORMED        |           |                                | IF YES, W    | ERE FINDIN | NGS USED      |
| 270.1 certify that (I) (this hospital) attended the deceased from 19 that (I) (we) lost sow the deceased alive on Otto 51 19 50 and that in (my) low-topinion death occurred on the date and hour and Iram the causes stated above. (I) those (did) (did not) view the body alter death  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRE | AL RE                                    | hos<br>per<br>ene                       | 1   | TIFIC         |                                     |                |                 | Appendix of the second   |                                 |                        |           |                                |              | CAUSES     |               |
| 270.1 certify that (I) (this hospital) attended the deceased from the date on the date and hour and Iram the causes stated obove. (I) the day of the date of the date of the date on the d | Z Z                                      | hysic<br>icote<br>ronsi<br>Hyg<br>18 sh | 4   | CER           |                                     |                | 110110 1        |                          | DAY YEAR                        | 21c. HOW INJURY OCC    | CURRED    | (ENTER NATURE OF INJURY IN ITE | M IS PART I  | OR PART 2) |               |
| 270.1 certify that (I) (this hospital) attended the deceased from the date on the date and hour and Iram the causes stated obove. (I) the day of the date of the date of the date on the d | SICIA                                    | entile<br>riol-t                        | /   | CAL           |                                     |                |                 |                          |                                 |                        |           |                                |              |            |               |
| 270.1 certify that (I) (this hospital) attended the deceased from the date on the date and hour and Iram the causes stated obove. (I) the day of the date of the date of the date on the d | PHY SION                                 | this ebu                                | *   | AEDI          |                                     |                |                 |                          | E, FARM ETC )                   | 211 LOCATION<br>STREET |           | CITY OR TOWN                   | 534          | COUNTY     | STATE         |
| 270.1 certify that (I) (this hospital) ottended the deceased from  | N 0 2                                    | fter<br>os th<br>shon                   |     | ~             | AT WORK AT W                        | ORX            |                 |                          |                                 |                        |           |                                | . ::0:       |            |               |
| DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR  | Q.                                       | USE Heoft                               |     | -3            | 220.1 certify that (                | ) (this hospit | ol) ottended th |                          |                                 |                        |           |                                |              |            |               |
| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR | ATTA                                     | d for<br>t. of                          | 6   |               | apave, (i) man                      | (did) (did not | view the body   | alter death              |                                 |                        | nion deoi | th occurred on the dote one    | l hour on    | d Irom the | couses stated |
| PHYSICIAN DIRECTOR DIR | O. S.                                    | Dep Dep                                 |     |               | 226. SIGNATURE                      |                | >               | >_                       | >                               |                        | iG . A    | AEDICAL STAFF                  |              | THE DAY    | SIGNED        |
| BPBurial   15/86   Hillcrest Cemetery Annapolis, A.A. Md.  | ITAL                                     | ERAL<br>E det<br>State                  | 1   |               | 274 BHYSHORNIS N                    | AME ITYPE OF   | DD(NIT)         |                          |                                 | PHYSICIAI              | ND        | IRECTOR PHYSICIAN              |              | 2//        | 4/26          |
| BPBurial   15/86   Hillcrest Cemetery Annapolis, A.A. Md.  | 4OSP                                     | FUN<br>Id b                             | /   |               |                                     | . C            | 12.             |                          |                                 |                        | 7         | 1 . m.                         |              | -          | 4 2.          |
| BPBurial 15/86 Hillcrest Cemetery Annapolis, A.A. Md.  DHMH-16-60M7/84  214 FUNERAL DIRECTOR 12 A REGISTRAR'S SIGNATURE  AND A REMARKS OF CEMETER OF       | 0  | Show with                               |     | 22 P          | LIBIAL COFFIATION                   | PENCY.         | 10052           | 787 133                  | NAME OF C                       |                        |           |                                | EVE          | ( B,       | 160 2106      |
| DHMH - 16 60M 7/84 24 FUNERAL DIRECTOR 12 Ridgely ave. 250 DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SIGNATURE   | D  |   |     | 73d B         | SPECIFY) Riirial                    | , REMOVAL      | 1               | 0                        |                                 |                        |           | CITY OR TOWN                   | S 120        | YTHUC      | MATATE        |
| DHMH - 16 60M 7/84 NAME  |  |   |     |               |                                     |                |                 |                          |                                 |                        |           |                                |              |            |               |
|  | DHM                                      | MH - 16 60M 7/<br>(VRA 15, 4)           | 'B4 |               | NAME                                | Funer          | al Hom          |                          |                                 | avc.                   |           |                                |              |            |               |



|              |  | 1        | FOR   | D                            | EPARTMENT OF HEALT                   | H AND MENTAL HYG                | HENE                                 | and the second          | -        |
|--------------|--|----------|---|------------------------------|--------------------------------------|---------------------------------|--------------------------------------|-------------------------|----------|
| 04           | 4127   | 1        | STATE<br>REGISTRAR                              | MED                          | ICAL EXAMINER'S                      | CERTIFICATE OF D                | DEATH O REG. NO.                     | 5 4 2                   | 1.       |
| 09           | E-3-TIME   |          | CEASED NAME FIRST                               |                              | MIDDLE                               | LAST                            | 20 DATE KNOWN                        | MONTH DAY YEAR          | 2b HOUR  |
|              | <b>国家职费用</b>   |          | LA  | urence                       | Eldress                              | /to/IANO                        | OF ESTI-                             | 271986                  | ^        |
|              | 五分五方属  | J. SE    | 110   | 5 DATE OF BIRTH              | YEAR LAST BIRTHDAY) MON              | NDER TYR. IF UNDER 24 H         |                                      | MONTH DAY YEAR          | 2d. HOU  |
| 1            | 220 E  |          | ,   |                              | 35 50 YRS.                           |                                 | DEAD                                 | 27 1986                 | 144      |
|              | SASTES (   | FC       | IRTHPLACE (STATE OR<br>IREIGN COUNTRY) MARYLAND | U.S.A.                       | AT COUNTRY? MARK                     | RIED VEVER MARRIED WED DIVORCED | BALTIMORE CITY OR                    | 2                       |          |
| •            | PENG!  | -        | TY OR TOWN OF DEATH                             |                              | PITAL, NURSING HOME, OR OTH          |                                 | LUSUAL OCCUPATION (TYPEO             | F WORK 12b. KIND OF BUS |          |
|              | 348.5  | 6        | 1en Burni                                       |                              |                                      | ide/                            | FOR MOST OF WORKING LIFE)            | OR INDUSTR              | Υ        |
| 21201        | AN PROPERTY  | l a S    | md 13b. CO                                      |                              | Crowns ville                         | YES NO                          | STREET ADDRESS HO                    | OPA RE                  | 32       |
| W.           | 4-20g  | 14 F.    | ATHER'S NAME<br>FIRST                           | MIDDLE                       | LAST                                 | 15. MOTHER'S MAIDEN N           | NAME MIDDLE                          | LAST                    |          |
| ORE          | 20 × 20 Z  | 140      | UNKNOWN WAS DECEASED EVER IN U.S.               |                              | 166. SOCIAL SECURITY NO.             | MARY                            | - ADDRESS                            | HOLLAND                 |          |
| TIM          | <b>最多的格型</b>   | - EY     | ES, NO, OR UNKNOWN) (IF YES, C                  | W. II                        | 212-32-5481                          |                                 | msville, AMETY                       |                         |          |
| 1            | A SEASO  |          | 18 CAUSE OF DEATH (Enter                        |                              |                                      | LEETON MITTEL                   | WID TAST HODDS                       | APPROXIMATE             | INTERVAL |
| 15           | W I SWIT WE SWIT WE I SWIT WE SWIT WE I SWIT WE SWIT WE I SWIT WE SW |          | PARTIDEATH WAS CAU                              | JSED BY:                     | (ar (a), (b), and (c),)              | in Ax                           | rest.                                | BETWEEN ONSET           |          |
| 10           | A E O E E S  |          | IMMED   | DIATE CAUSE (o)              | AS A CONSEQUENCE OF                  | 70                              | 1001                                 |                         |          |
| 20           | SEA SEA  | 100      | Conditions, if any, wh<br>gove rise to immedi   |                              | A:                                   | SCUD.                           |                                      |                         |          |
| *            | WANTE SE   |          | cause (a) stoting the uno                       |                              | AS A CONSEQUENCE OF                  |                                 |                                      |                         |          |
| 20           | PAN NO   |          | lying cause lost.                               | (c)                          |                                      | ALCO DESCRIPTION                |                                      |                         |          |
| ORDS         | E EXE<br>DING<br>DICAL<br>SA BU<br>TH AN   | Z        | PART 2 OTHER SIGNIFICANT CONDITION              | ONS CONTRIBUTING TO DEATH BE | UT NOT RELATED TO THE TERMINAL DISEA | SE OR CONDITION GIVEN IN PART 1 | (a),                                 |                         |          |
| REC          | T CENTRE   | PICATION | 90 DATE OF OPERATION                            | 196 CONDITI                  | ON FOR WHICH OPERATION V             | WAS PERFORMED?                  |                                      | 20 AUTOPSY?             |          |
| ITA          | 名を言語の書   |          |   |                              |                                      |                                 |                                      | YES 🗆                   | NO DE    |
| 7 40         | WHEN WE  | 18       | 210 EXTERNAL CAUSE WAS                          |                              | MONTH DAY YEAR                       | OW INJURY OCCURRED (E           | NTER NATURE OF INJURY IN ITEM 18 PAR |                         |          |
| Z O          | 2年600年8  | 3        | UNDERLYING OR CONTRIBUTING CAUSE                |                              | 19                                   |                                 |                                      |                         |          |
| 7.55         | DEP SEP  | MEDI     | 21d INJURY OCCURRED WHILE NOT WHILE             | STREET FACTO                 |                                      | OCATION<br>STREET               | CITY OR TOWN                         | COUNTY                  | STATE    |
| ō            | HIS ARE  | -        | WHILE NOT WHILE                                 |                              |                                      |                                 |                                      | COOTT                   | JIAIL    |
|              | ATE, T   |          | 22a I certify that I taok ch                    | arge of the remains descr    | ribed abave, held on Autop           | psy , Inspection                | Inquiry , and                        | in my apinian           |          |
| _            | MAN THE STATE OF T |          | death resulted from.                            | atural couses , ,            | Accident , Suicide                   | , Homicide U                    | Indetermined manner .                |                         |          |
|              | DIE WILL   |          | ACTUAL 1.0                                      | 11 . 1                       | 7-0                                  | TITLE (SPECIFY)                 |                                      | -1-1-                   |          |
|              | 35535 -  | 1        | ACTUAL<br>SIGNATURE                             | llan PC                      | mon .                                | N.D. Deputy                     | MEDICAL EXAMINER                     | DATE<br>SIGNED 2/7/8    | 16       |
|              | NO NO NO   | 1        | EXAMINER'S NAME 1.51                            | ion D bend                   | kin                                  | 605 America                     | ion Orth David                       | #11a MJ 2402            | 5        |
|              | PAGE<br>PAGE<br>PAGE<br>PAGE<br>PAGE<br>PAGE<br>PAGE<br>PAGE   | 22- 8    | TYPE OR PRINT) WILL URIAL, CREMATION, REMOVA    | Liam P. Jonesy               | 23¢ NAME OF CEMETERY C               |                                 | ica Ot., Davidon.                    | /IIIe, MI. ZIUS         | )        |
| 001.00       | 00   |          | BURIAL<br>BURIAL                                | 2-13-1986                    | MARYLAND VET                         |                                 | Crownsville                          | COUNTY STA              | TE .     |
| 07/64<br>25M | BP   |          |   | apolis, Md.                  |                                      |                                 | D. BY REGISTRAR 256 REGIST           | A.A. Mary               | Land     |
|              | (VR A15 ME (5))  | 1        | WILLIAM REESE                                   |                              |                                      | FEB 1                           | 1986 April Sair                      | don Randers             | 4        |

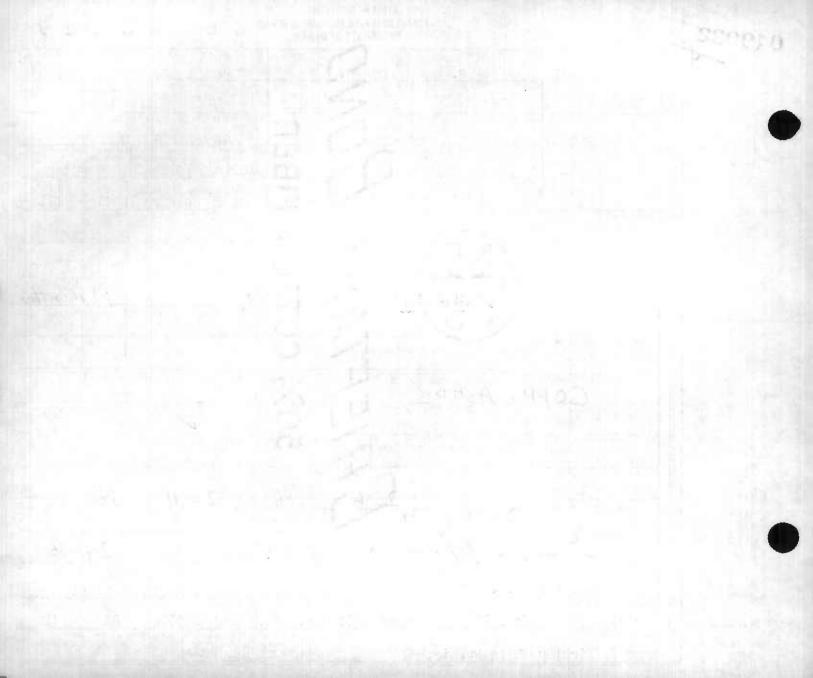
V. 1550 Lawrence Elected Holland - 127 27 37 The part term man there is a System to the second se the terror to th THE PROPERTY AND ADDRESS OF THE PARTY OF THE

| <u> </u>   | 5                    | 1-     | FOR<br>STATE<br>REGISTRAR  |                 |                    | DEPARTA                                       | NENT OF H  | E OF MARYLAND<br>EALTH AND MENTAL HYO<br>ICATE OF DEATH | GIENE 8         | 6<br>REG. NO.                         | 0                 | 3 4                            | 2 EST                      |
|--|----------------------|--------|--|-----------------|--------------------|---|------------|---|-----------------|---------------------------------------|-------------------|--------------------------------|----------------------------|
| 6403   | 1                    |        | EASED NAME   | FIRST           |                    | AIDDLE  | L          | AST   | 2a. DATE OF     | DEATH MONTH                           | H DAY             | YEAR                           | 26 HOUR                    |
| 1000   |                      |        | JOH  | V               | F                  |   |            | DOCK  |                 | EBRUARY                               | 23,               |                                | 209 A                      |
|  |                      | . SEX  |  |                 | 4 RACE             |   | 5. DATE C  |   | 6 AGE (IN YE    | ARS LAST BIRTHDAY)                    | MONI              | HS DAYS                        | IF UNDER 24 HRS HOURS MIN. |
| 8 (8 6   | 11                   |        | Male   | 1               | White              |   | 8-         | 18-22 YEAR  | 63              |                                       | rRS               |                                |                            |
|  | 11                   | 1,0    | RTHPLACE (STATE OR FOUNTRY)  Delawai   | ce              | USA                | WHAT COUNTRY?                                 | WIDOWE     |   |                 | NNE ARU                               |                   | _61                            | TY MD.                     |
| 1  | 9                    |        | GLEN BUR   | NIE             | (IF NOT IN SUC     | TH ARUNDE                                     | L HOS      | PITAL   | (TYPE OF WORK   | CCUPATION<br>FOR MOST OF WORK<br>list |                   | 26. KIND OF<br>NDUSTRY<br>Fed. | Gov't.                     |
| Ta hill  | 3                    | Ja. S  | L RESIDENCE (IF NURSITATE Md.  | 13b COUP<br>A A | OTHER INSTITUTION  | GIVE RESIDENCE BEFORE 134. CITY OR TOW Gambri |            | 13d. INSIDE CITY LIMITS? YES NO XX                      |                 | DDRESS / ZIP (                        |                   | m Rd                           | 1059                       |
| A STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T | 21                   | FA     | THER'S NAME<br>John  |                 | Ändrew             | Hoodoc  | k          | 15 MOTHER'S MAIDEN NA<br>Bertha                         |                 | MIDDLE                                | 11.7              | elker                          |                            |
| be execution and s. Page   | 1                    |        | AS DECEASED EVER   |                 | MED FORCES?        | 222-10-                                       |            | Fay F. Hoc  | odock           | ADDRESS<br>Sam                        | e as              | #13                            |                            |
| requires that the death een signed by the atten it Then please remotion, ior to burial, cremation, y injury, or ather trauma   | 1                    | TION   | Conditions, if ony, gove rise to immediate (a), stating underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERAT | last            | DUE TO, OF         | ral sei                                       | NCE OF     | NOT RELATED TO THE TERM                                 |                 |                                       |                   |                                |                            |
| The law<br>icion.<br>te hos bi<br>isst perm<br>igiene pr   | 7                    | ZTIFIC | 21a. ACCIDENT WAS UND  | 0               |                    |   | OPERATIO   | N WAS PERFORMED   |                 | NOTING                                | ERTIFYING         | ]                              | OF DEATH?                  |
| SICIAN: ng phys certifico uriol-tror kentol Hy Item 18   |                      | CAL    | OR CONTRIBUTING C  | AUSE OF DEA     | HOUR A.I           | M. MONTH DA<br>M.                             | Y YEAR     | 21c. HOW INJURY OCCUR                                   | RED (ENTER NATI | IRE OF INJURY IN ITE                  | M 18 PART 1       | OR PART 2)                     |                            |
| ottendi<br>ottenthis<br>fter this<br>be the but<br>th and w  |                      | WED    | WHILE NOT WHAT WORK AT WORK  | LE 🗍            | 21e PLACE (        | OF INJURY<br>EET, FACTORY, OFFICE, FA         | ARM, ETC.) | 21f LOCATION<br>STREET                                  | / >             | CITY OR TOWN                          |                   | COUNTY                         | STATE                      |
| AttreNDII ospitol or ECTOR A id for use id for use in of Healt   |                      |        | 22a I certify that (I)<br>saw the decease<br>above, (I) (we) (d  |                 | ,                  | 7 /   |            | d that in (my) (aur) apinian                            | death accurred  | an the date and                       | , 19<br>d havi on | d from the c                   | the second                 |
| by the h<br>ERAL DIR<br>edetoche<br>State Dep  | ,                    |        | 22d. PHYSICIAN'S NA  | -3              | nf                 | 12  | -1         | ATTENDING PHYSICIAN DITE                                |                 | STAFF PHYSICIAN                       |                   | 2-2                            | 3-86                       |
| to HOSPITA etoined by TO FUNERA should be de with the Sigt   | 4                    |        | LONG S   | s. HS           | u, M.D.            |   |            | GLEN BU   | RNIE, M         | TWOOD RO<br>MARYLAND                  |                   |                                | 205                        |
| BP   |                      | ( 5    | JRIAL, CREMATION, PECIFY) Buri   |                 | 23b. DATE<br>2-25- |   |            | t. Cemetery   |                 | wnsvil                                |                   |                                |                            |
| DHMH - 16 60M 7/8<br>(VRA 15, 4)   | II a and a a Last D. |        |  |                 | Funeral            | L Home A                                      | nnap       | olisMd. MA  | -               | 986 Jul                               | B. Br             |                                | Pandett.                   |



|  | death. Page 4.   | he 72 hours offe   |
|--|--|--|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | e death certificate be executed with   | ottending physicion and complete miles in the move corbon papers. Page 1 and 2   |
| DIVISION OF VITAL RECORDS, 201 W. P.                                     | TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed with the bound of the haspital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete. The full of the classical directions should be detached for use as the busiol-transit permit. Then please remove carbon papers. Page 1, and 2. The direction of the contraction of |

| 04903   | 2  | 1.                    | FOR<br>STATE<br>REGISTRAR  |                                  | STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 4 2 9  CERTIFICATE OF DEATH  REG. NO.  |   |            |          |                        |           |  |            | 2 9<br>EST     |                    |
|---|--|-----------------------|--|----------------------------------|---|---|------------|----------|------------------------|-----------|--|------------|----------------|--------------------|
|   | 9  |                       | OR PRINTS  | FIRST                            | ٨   | MIDDLE  |            | 1./      | AST                    |           | 20. DATE OF DEATH  | MONTH      | DAY YEAR       | 26 HOUR P.         |
| 1 50  | - 1  |                       |  | GRACI                            |   | P.  |            |          | RNEY                   | (110)     | FEBRUARY   |            | 1986           | 2:00 M             |
| 1 11  |  | 3 SE                  |  | 4                                | RACE  |   | 5          | DATE O   | FBIRTH                 | YEAR      | AGE (IN YEARS LAST B                                     | RTHDAY)    | MONTHS DAYS    | IF UNDER 24 HRS    |
| age of  | 1  | /                     | Female   |                                  | Whit  |   |            | Sept     | tember 20              | ,07       | 78   | YRS        |                |                    |
| 4 25  | 16   | 70 BI                 | RTHPLACE (STATE OR FO  |                                  | b CITIZEN OF  |   | ITRY? 8    | MARRIED  | NEVER MARR             | RIED 🗆    | 9 BALTIMORE CITY   | OR COUNT   | Y OF DEATH     |                    |
| 1 11/   | 4  | /                     | Pennsylvan<br>TY OR TOWN OF DEAT   |                                  | US  |   |            | WIDOWE   |                        |           |  |            | L COUNT        |                    |
| 1 11  | 54   |                       | GLEN BURN  | IE                               | NORT  | H FACILITY, GIVE  | IDEL       | HOSE     | ROTHER INSTITUT        | ION       | 120 USUAL OCCUPAT<br>{TYPE OF WORK FOR MOST<br>Retired T | OF WORKING | LIFE) INDUSTRY | rator              |
| 110   | 25   | 13a. S                | AL RESIDENCE (IF NURSIN<br>TATE<br>MD  | 36 COUNT<br>AA                   | Υ   | GIVE RESIDENCE<br>1136 CITY OR<br>Miller                | TOWN       |          | 13d. INSIDE CITY LI    |           | 13e STREET ADDRESS<br>Lot 55 Ro                          | / zip coi  | Traile         | 21108<br>r Village |
| 7.28  | 810  | 14:4                  | THER'S NAME  | AA1                              | IDDLE   | LAS   |            |          | 15. MOTHER'S MA        | IDEN NAM  | E  |            |                |                    |
| o me  | X  | 1                     | Albert   |                                  |   | Pender  | •          |          | Sadie                  |           | S.   |            | S              | tory               |
| n ond c   | tion ond   |                       | VAS DECEASED EVER IN<br>VES NOOR UNKNOWN)  |                                  | ED FORCES?<br>WAR OR DATES)   | 214-1   |            |          | Edward                 | Farre     | 11, Lot 56   |            | -Park.         | Millersvi          |
| SICIAN: The low requires the graph physicion. certificote has been signed unal-transit permit. Then pleatened Hygiene prior to burio. | I frem 18 shows ony injury, or other troumotic event | MEDICAL CERTIFICATION | Conditions, if ony, gove rise to imme couse (o), stofting underlying couse  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER  OR CONTRIBUTING CA (IF EITHER, NOTHEY MEDICA  71d INJURY OCCURRE | which diote the lost.  FICANT CO | DUE TO, OF    DUE TO, OF    DUE TO, OF    CO   DUE | R AS A CONS  ONTRIBUTING  TION FOR W  FINJURY  M. MONTH | G TO DEA   | CE OF    | 21c HOW INJURY         | HE TERMIN |  | 20b. IF YI | ES, WERE FINDI | NGS USED           |
| the b   | ro pa  | MEC                   | WHILE NOT WHILE  |                                  | 21e. PLACE (  | DE INJURY<br>EET, FACTORY, OF                           | FFICE FARA | A, ETC.) | 211 LOCATION<br>STREET | 100       | CITY OR TO   | NWO        | COUNTY         | STATE              |
| AL OR ATTENDING the hospitol or o aL DIRECTOR: Afte etoched for use os tre Dept of Heolth   | I: If Item 21 is mork                                |                       | 220 1 certify that (I) (I sow the deceased   | olive on_                        | I) ottended the   | deceosed for  | 19 F       |          | HEGREE ATTEN           | IDING .   | to 2 =   | LEE.       | 22c. DATE      |                    |
| HOSPITAL<br>FUNERAL<br>old be det   | Z T  |                       | 224 PHYSICIAN'S NAA  | AE (TYPE OR P                    | PRINT)  | VY  |            |          | 22e ADDRESS            |           | 5 OAKWOOD  |            | 1 - 1          |                    |
| TO HOSE<br>etoined<br>TO FUNI<br>should by  | MPORTAN  |                       | LONG S.  | HSU,                             | M.D.  |   | Tel.       |          |                        |           | N BURNIE,  |            |                | 61                 |
| T e T e x   | ≤ (  | 23a B                 | URIAL CREMATION, RE  | MOVAL                            | 23b. DATE   |   |            | ME OF CE | METERY OR CREM         | ATORY     | 23d LOCATION   |            | COUNTY         | 67.475             |
| BP  | -  |                       | Burial   | -                                | Feb. 1  | 4, 86   | Cro        | wnsv     | ille Vet.              |           | . Crownsv  | ille       | ÄÄ             | MD                 |
| DHMH - 16 60M   | 7/B4   |                       | NERAL DIRECTOR   | .1.7                             | 0.7   | ADDR  | RESS       |          |                        | 250. DATE | REC'D. BY REGISTRAF                                      |            | TRAR'S SIGNAT  | URE                |
| (VRA 15, 4)   | 10   | J                     | ames S. Kir  | rkley,                           | Glen  | Burnie  | , MD       |          |                        | rui       | 0001 010   | 0          |                |                    |



041128

## STATE OF MARYLAND

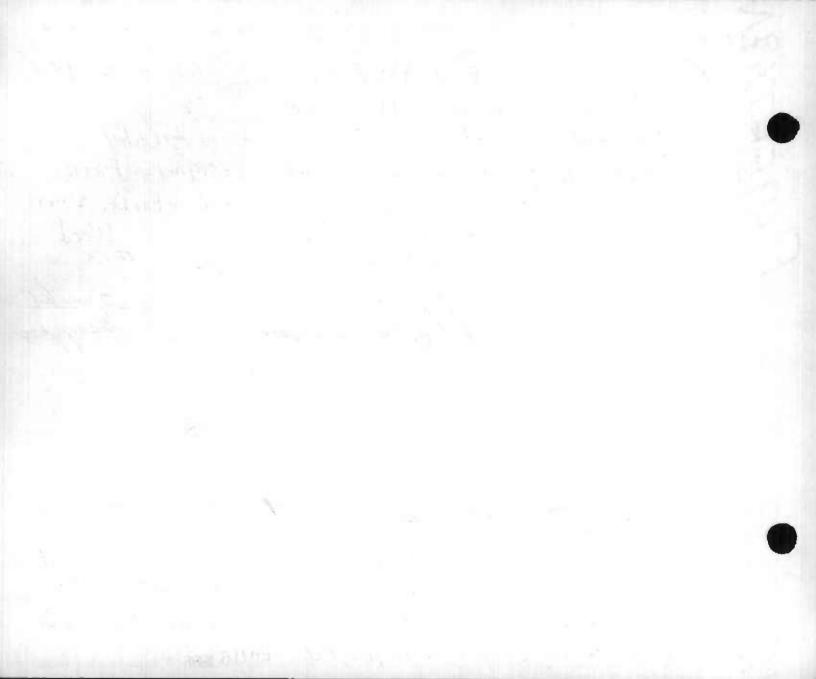
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

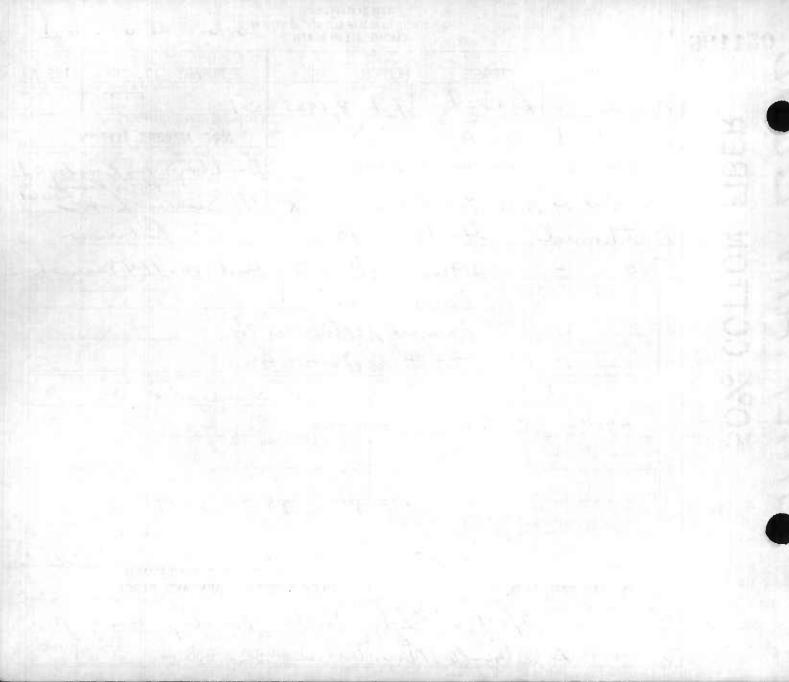
|   | 1-            | FOR<br>STATE<br>REGISTRAR  |  | EALTH AND MENTAL HYGI<br>ICATE OF DEATH | REG. NO.  | 3 4 5 0  |
|---|---------------|--|--|---|---|--|
| 1 |               | CEASED NAME FIRST OR PRINT) Kathry   | . Ford Hou   | isley                                   | 20. DATE OF DEATH MONTH                                   | 1986 620 P M   |
|   | 3. SEX        | Female   | White 5. DATE O  | 29 1909                                 | 6. AGE (IN YEARS LAST BIRTHDAY)  76 YRS                   | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.   |
| 5 | 7a. 81        | Taryland   | U3 M WIDOWE  | D DIVORCED                              | Hhne Hrun   | del MD.  |
| 1 | とけ            | OWNSVILLE F  | NAME OF BIGSPITAL NURSING HOME OF THE PROPERTY | ng Home                                 | 126-USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI | IPE) INDUSTRY FOR INDUSTRY   |
| 3 | 13a.5         | 19d. 13 CONTY  | A. Lape St Ozwe  | YES NO W                                | 1254 Kiver Ba   | JIMAI  |
| e | D FA          | Horace "   | Ford   | IS MOTHER'S MAIDEN NAM                  | MDDGE   | Wood   |
|   | 16a W         | VAS DE CEASED EVER IN U.S. ARME  |  | George U                                | 1. Housley  | #13  |
|   |               | Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT COI   | DUE TO, OR AS A CONSEQUENCE OF ICT.  NOTIONS CONTRIBUTING TO DEATH BUT   | CUCLES NOT RELATED TO THE TERMI         |   | Money for  |
| 2 | CERTIFICATION | 19a DATE OF OPERATION  | 19s. CONDITION FOR WHICH OPERATION   | N WAS PERFORMED                         | IN CERT   | S, WERE FINDINGS USED EYING CAUSES OF DEATH? ES \( \sum \color \c |
| , | MEDICAL CERT  | TIB. ACCIDENT WAS UNDRETHING  OR CONTRIBUTING  CAUSE OF DNATH (IF EITHER HOUSE WIDDLE A EXAMINER)  THE INJURY OCCURRED   | 21b TIME OF INJURY<br>HOUR A.M. MONTH DAY YEAR<br>P.M. 19<br>21a PLACE OF INJURY   | THE LOCATION                            | ED (purposation or main in the in-                        |  |
|   | WE            | NAMES AT MOST MASS   | (AT MOME STREET FACTORS, OFFICE PARM, ETC.)  | 5000                                    | CITY ON TOWN  | CO041Y 31AH  |
|   |               | 27s.1 certify that (II (No. 1) to 1) to 22 yr the decreased alive on above, (I) (No. 1) to 1) to 1) to 27s. SIGNATURE (1) TO 1) TABLE (1) TO 1)  | or the book after whoth  | DEGREE                                  | STAFF DRECTOR PHYSICIAN                                   | or and from the covers stated  77s. DATE SIGNED  2/5/FD  |
|   | -             | STATE OF THE STATE | I. Hochman   |   | e, Annapolism   | 19.31401   |
|   |               | HORIAL CREMATION, REMOVAL  | 2-7-86 Ceda  | EMETERYORIC REMATORY                    | Surtland  | P.C. Mit   |

DHMH - 16 50M 4/83 (VRA 15, 4)

Flor Funeral Chapel

25a DATE RECID. BY REGISTRAR 25b REGISTRAR'S SIGNATURE





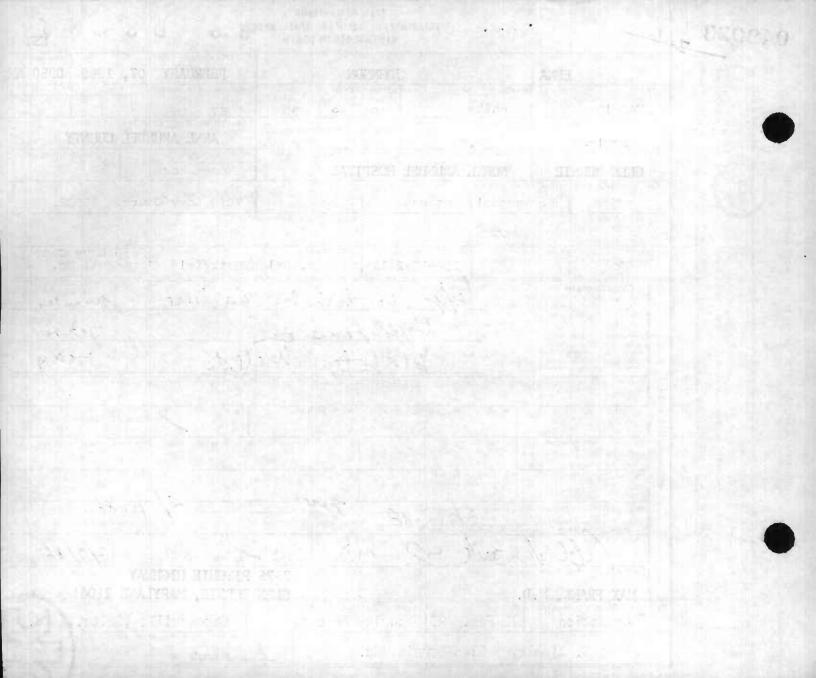
| 51044   | 1 -           | FOR<br>STATE<br>REGISTRAR                  |                           |                  | DEPARTA                    |           | CATE OF DEATH                    | REG. NO.  | 3 4 3 2  |
|---|---------------|--|---------------------------|------------------|----------------------------|-----------|----------------------------------|---|--|
| O LOWX  |               |  | FIRST                     | -                | MIDDLE                     | L         | <b>IS1</b>                       | 20. DATE OF DEATH MONTH DA                          | AY YEAR 26 HOUR  |
| deoth deoth   |               | OR PRINT!                                  | Ver                       | 100              |                            | Soh       | NSON                             | 21  | 0 86 2:30AM  |
|   | 3 SE          | _  | 1                         | RACE             |                            | S. DATE O |                                  |   | FUNDER I YEAR IF UNDER 24 HRS<br>ONTHS DATS HOURS MIN. |
| . C .   | 2 0           | F  |                           | BI               | ack                        | 4         | 22 19                            | 66 YRS.   |  |
| ( ) 學力  | Sec.          | RTHPLACE (STATE OR FOR                     | EIGN 76                   |                  | WHAT COUNTRY?              |           | NEVER MARRIED                    |   | OF DEATH   |
| g ·   | 100           | RYLAND TY OR TOWN OF DEATH                 | 4 111                     | U.S.             |                            | WIDOWE    | DIVORCED                         | 120 USUAL OCCUPATION                                | del MD.  |
| by the if   | F             | NNapoli                                    | S                         | ANN SUE          | H FACILITY, GASTREET       | ADDRESS)  | el Gen.                          | TYPE OF WORK FOR MOST OF WORKING LIFE)              | 12b. KIND OF BUSINESS OR<br>INDUSTRY                   |
| filled in ould be   | 130. 5        | TO 8 6 97 A TO 5 500                       | B COUNTY                  | HER INSTITUTION  | 134 CITY OR TOW<br>SEVERNA | PARK      | 13d INSIDE CITY LIMITS           | 2 134 SIRFET ADDRESS / ZIP CODE<br>400 Mc Bride Lan | ie 2/146   |
| ithin<br>2 sh   | 14. FA        | THER'S NAME                                |                           |                  |                            |           | 15 MOTHER'S MAIDEN               |   |  |
| and ond ond   | )             | GEORGE                                     | MIL                       | A.               | WHI                        | TE        | ESTELLA                          |   |  |
| n ond co  | 160 V         | VAS DECEASED EVER IN<br>VES NO OR UNKNOWN) |                           | D FORCES?        | 218-16-3                   |           |                                  | everna Parkça Marylın<br>JOHNSON 408 McBride        |  |
| rtificate E<br>physicio<br>anpapers<br>emaval.                  |               | 18 CAUSE OF DEATH<br>PART I. DEATH WAS     | Enter only<br>CAUSED I    |                  | line for (0), (b), on      | Spiva     | tory distre                      | es syndrane   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH        |
| th cer<br>nding<br>carbo<br>carbo                               |               | Total of                                   |                           | DUE TO, OI       | R AS A CONSEQUE            | NCE OF    |                                  |   |  |
| e death<br>nove co<br>lation, o                                 |               | Conditions, if any, w                      |                           | (b)              |                            |           |                                  |   |  |
| that the day the lease rem                                      |               | couse (o), stoting<br>underlying cause     | the                       | DUE TO, OI       | r as a conseque            | NCE OF    |                                  |   |  |
| equires<br>n signed<br>Then pli<br>r to burn<br>injury, o       | NO            | PART 2 OTHER SIGNIF                        |                           | east C           | A                          | DEATH BUT | NOT RELATED TO THE TE            | ERMINAL DISEASE OR CONDITION GIVE                   | N IN PART I to   |
| an. has bee permit. ene prior                                   | CERTIFICATION | 19a DATE OF OPERATIO                       | N                         | 196 CONDI        | TION FOR WHICH             | OPERATION | N WAS PERFORMED                  | 200 AUTOPSY? 20b. IF YES, IN CERTIFY YES            | WERE FINDINGS USED<br>ING CAUSES OF DEATH?             |
| N: The roast property Hygier 18 show                            | CER           | 210. ACCIDENT WAS UNDER                    | LYING                     | 216 TIME O       |                            |           | 21c HOW INJURY OCC               | CURRED (ENER DATURE OF INJURY IN ITEM 18 PA         |  |
| SICIAN<br>ng phy<br>certific<br>riol-tri<br>entol b             |               | OR CONTRIBUTING CAL                        |                           | HOUR A.          |                            | 19        | A NEW YORK                       |   |  |
| HY His adjust of A A A  | MEDICAL       | 21d INJURY OCCURRED                        |                           | 21e PLACE        |                            |           | 211 LOCATION                     | CITY OR TOWN  | COUNTY STATE   |
| offer 1<br>fter 1<br>s the<br>hone                              | 2             | AT WORK NOT WHILE                          |                           | (ATTIONE, STA    | - CONTONTON                |           | 0                                | 11-2110   | -0/  |
| NDIT<br>I or<br>Use of<br>teolt                                 |               | 22a I certify that (I) (th                 |                           | ottended the     | e deceased from_           | 71        | 19 8                             | 9 to 210  | 9 80 that (I) (we) last                                |
| Sprito<br>CTO<br>of the   |               | sow the deceased obove, (I) (we) (did      | olive on<br>) (did not) s | view the body    | ofter death.               | 36 on     | d that in (my) (aur) apini       | ion death occurred on the date and hour             | and from the causes stated                             |
| the ho<br>the ho<br>al DIRE<br>etochec<br>te Dept<br>T: If Iten |               | 276 SIGNATURE                              | 1-5.                      | Selo             | uid,                       | w         | PEGREE<br>ATTENDING<br>PHYSICIAN | G AMEDICAL STAFF N DIRECTOR   PHYSICIAN             | 2/10/86  |
| OSPITAL<br>od by the DNERAL<br>on Be de he Stote<br>RTANT:      |               | 224 PHYSICIAN'S NAM                        |                           |                  |                            |           | 22e ADDRESS                      |   |  |
| F a E St O  |               | Stuan                                      | + E                       | . selo           | uicu, u                    | 40,       | 51                               | Franklin St /                                       | unapolis   |
|   |               | SURIAL, CREMATION, RE                      |                           | 23b. DATE        |                            |           | METERY OR CREMATOR               | CITY OR LOWN  | COUNTY   |
| BP  | -             | RIAL                                       |                           | 2-15-1           |                            |           | TOWN NECK C                      |   |  |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)                               |               | INERAL DIRECTOR LLTAM REESE                | Ann:                      | apolis<br>NS MOR | Md. 214<br>TUARY, P        | 01<br>.A. | 250. [                           | FEB 18 1986   | ARS SIGNATURE  |

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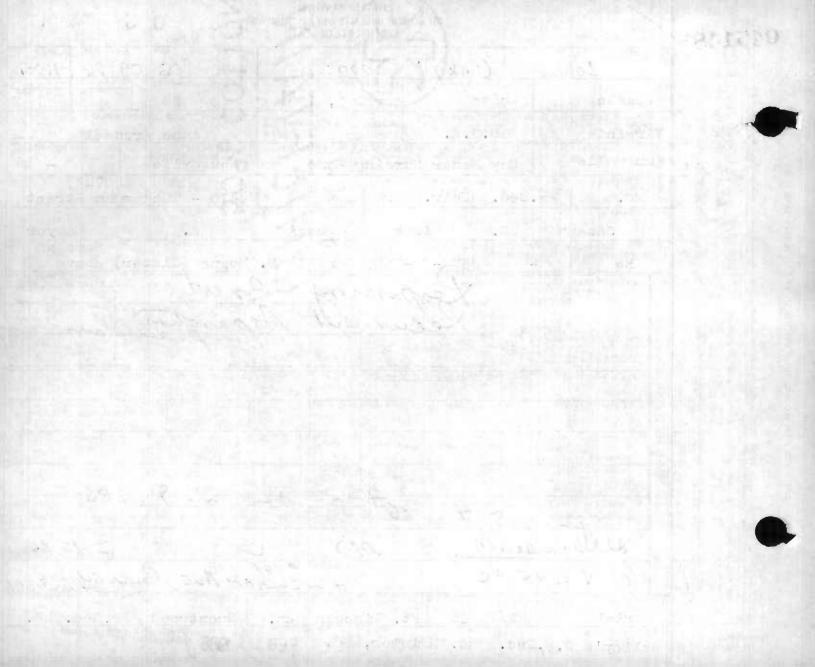
Les Deit Clerk- Manualle

Jämes S. Kirkley, Glen Bürnie, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)



(VR A 15 (4))



| , par | S | T | ATE | OF | MA | RY | 1./ | AN | 1 |
|-------|---|---|-----|----|----|----|-----|----|---|
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| 6        | 0 | 3    | 4 1 | - 6 |
| REG. NO. |   |      |     |     |

| 51012   | 1.            | 1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH   |   |  |                          |              |                           |   | NO.                  | 3                 | 6                | 3 3                             |  |
|---|---------------|---|---|--|--------------------------|--------------|---------------------------|---|----------------------|-------------------|------------------|---------------------------------|--|
| a 25 3/   |               | CETTOED TOTAL   | ORMAN   | WIDDIE   | JOY                      | CE           |                           | 20. DATE OF DEATH                       | монтн                | 14                | YEAR             | Ph HOUR                         |  |
| You do  | 3. SE         | x   | 4. RACE   |  | 5. DATE (                |              |                           | 6 AGE (IN YEARS LAST                    | BIRTHDAY)            | IF UNDER          | R I YEAR<br>DAYS | IF UNDER 24 HRS                 |  |
| de 4  | MA            | LE  | BLA   | CK   | 4 MONT                   | 26           | 1914                      | 71                                      | YRS                  |                   |                  | MIN.                            |  |
| deoth. Page   |               | RTHPLACE (STATE OR FORECOUNTRY)  RYLAND   |   | N OF WHAT COUNTR   | Y? 8<br>MARRIE<br>WIDOWI | DXX NEVER    | MARRIED                   | 9 BALTIMORE CITY                        |                      |                   |                  | MD.                             |  |
| 6 . 6   | 10            | ITY OR TOWN OF DEATH  | (IF NO  | IE OF HOSPITAL, NUR. T IN SUCH FACILITY, GIVE STR  NE ARUN DEL | EET ADDRESS)             |              |                           | 12a USUAL OCCUP<br>(TYPE OF WORK FOR MO | KIND OF<br>OUSTRY    | BUSINESS OR       |                  |                                 |  |
| n 24 hours off  | 1             | RYLAND  | A.A.  | TUTION, GIVE RESIDENCE BEF<br>13¢ CITY OR TO<br>ANN APOL       | NWC                      | 13d INSIDE ( | NO 🗌                      |   | s / zip co<br>e Aven |                   | ó                | 140                             |  |
| ompletely ond 2 sh  |               | JAMES   |   | ANDERS ON LAST   |                          | ANNI         | S MAIDEN NA<br>FIRST<br>E | MIDDE                                   | JOYCE                | C                 | LAST             |                                 |  |
| n and c   |               | vas deceased ever in<br>yes, no or unknown) (   | U.S. ARMED FOR<br>(IF YES, GIVE WAR OR D)   |  |                          | GOLDI        | Anr<br>E JOYCE            | apolis, M<br>211 Bowl                   | arylan<br>e Aven     | ue                |                  | ATE INTERVAL                    |  |
| Thircate by physicial physicial physicial emoval.   |               | 18 CAUSE OF DEATH   | AUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)  <br>ART I. DEATH WAS CAUSED BY: |  |                          |              |                           |   |                      |                   |                  |                                 |  |
| ng phy<br>bon po  |               |   | IMMEDIATE CAUSE 10) Cordones piratory arest   |  |                          |              |                           |   |                      |                   |                  |                                 |  |
| that the death certificate by the attending physics cose remove carbon paper al, cremation, or removal. |               | Conditions, if any, w   | vhich (   |  |                          |              |                           |   |                      |                   |                  | days                            |  |
| that the<br>d by the<br>lease rem<br>tol, cremo   |               | cause (a), stating  |   | TO, OR AS A CONSEC   | DUENCE OF                | ma           |                           |   |                      |                   | 3                | months                          |  |
| gnec<br>gnec<br>en ple<br>burn  | 7             | PART 2. OTHER SIGNIF  | ICANT CONDITIO  | ONS CONTRIBUTING T   | O DEATH BUT              | NOT RELATE   | D TO THE TERM             | INAL DISEASE OR CO                      | ONDITION             | GIVEN IN          | PART lia         |                                 |  |
| e law requences been spermit. The prior to we any injit   | CERTIFICATION | 19a DATE OF OPERATIO  |   | CONDITION FOR WHI  | Seose,                   | 200 AUTOPSY? | IN CER                    | YES, WERE<br>TIFYING O                  |                      | GS USED OF DEATH? |                  |                                 |  |
| SICIAN The ag physicion certificate in iniol-transit fem 18 shorters.                                   |               | 21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL   | JSE OF DEATH HO   | TIME OF INJURY<br>UR A.M. MONTH<br>P.M.                        | DAY YEAR                 | 21c. HOW II  | NJURY OCCUR               | RED (ENTER NATURE OF                    | -3                   |                   | PART 2)          |                                 |  |
| OING PHYSIC<br>or ottending<br>After this cer<br>e as the burio<br>alth and Ment<br>marked ar Itel      | MEDICAL       | (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216, INJURY OCCURRED  216, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  CITY OR TOWN |   |  |                          |              |                           |   |                      |                   | YIMUY            | STATE                           |  |
| TIENDIN<br>pital or<br>TOR: Afr<br>for use o<br>of Health   |               | 220.1 certify that (1) the<br>saw the deceased<br>abave (1) (we) (did   | alive an  | 2/14 19  | "                        | nd that ir   | (aur) apınian             | , to                                    | date and h           | , 19 <u>%</u>     |                  | nat(I) we) last<br>auses stated |  |
| by the hosi<br>ERAL DIREC<br>State Dept<br>ANT: If Item   |               | 22b. SIGNATURE  | -16   | Luc  | PM.                      | DEGREE       | ATTENDING<br>PHYSICIAN    | MEDICAL S<br>DIRECTOR PHY               | TAFF<br>SICIAN [     | 22                | e. DATE S        | IGNED                           |  |
| HOSI<br>ined<br>FUN<br>build b  |               | Gregor  | NE (TYPE ON PRINT)  | illey  |                          | 220 ADDRE    |                           | e Road V                                | Jest R               | wer               | MD               | 20778                           |  |
| Of Of MAN   |               | BURIAL, CREMATION, RE   | MOVAL 23b. DA   | ATE 2  | 30 NAME OF               | EMETERY OR   | CREMATORY                 | 23d LOCATION                            |                      | COUN              | ĬΥ               | STATE                           |  |

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

BP.

Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A.

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AUGUSTA AUGUST

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| 059124   | 1.            | STATE<br>REGISTRAR   | DEPARTA   | CERTIFICATE OF DEATH  |                                   | 0 3 4 3 0  |     |
|--|---------------|--|---|---|-----------------------------------|--|-----|
| moy be poge 3  | (TYP          | CEASED NAME FIRST Cathe  | rine Coghl  | an Karr   | 20. DATÉ OF DEATH                 | 2/24/86 10 A   | М   |
| Poge 4 mc<br>director. p<br>nours after  | 3. SE         | Emale  RTHPLACE (STATE OR FOREIGN  | 1. RACE  1. LOH TE  1. CITIZEN OF WHAT COUNTRY?         | Dune 1, 100   | 9 36<br>BALTIMORE CITY            | MONTHS DAYS HOURS MIP  YRS.  OR COUNTY OF DEATH  | _   |
| he fynerol<br>within 72 h  | 10 0          | Daryland<br>ITY OR TOWN OF DEATH   |   | MARRIED NEVER MARRIED WIDOWED DIVORCED IG HOME OR OTHER INSTITUTION ADDRESS | N 120 USUAL OCCUPA                |  | MD  |
| hin 24 hours, offi<br>should be filed in<br>should be filed in   |               | AL RESIDENCE 18 NURSING HOME OF  | NTY CITY OR TOW   | 130 INSIDE CITY LIMI  | ITS? 130 STREET ADDRESS           | ed Operator  |     |
| ampletely file   | 14. F.        | ATHER'S NAME FIRST   | MDDLE Hambra  | Tark YES NO D   |                                   | Wittkausky   | 1   |
| be execution on ond control on one on ond control o |               |  | RMED FORCES? 166 SOCIAL SECU<br>VE WAR OR DATES) 220-46 |   | AOP                               | 55 Spaview Aver  |     |
| recentificate<br>ding physics<br>orbonopage<br>or removal.   |               | PART I. DEATH WAS CAUSE  | TE CAUSE (o)  | menia   | 0                                 | BE AN ONSELAND DEAL  | н   |
| the death<br>the attence<br>remarian,  |               | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.                   | DUE TO, OR AS A CONSEQUE                                | <del>}</del>  |                                   |  |     |
| equires than signed by Then pleas to burial, to burial, injury, or a   | N O           |  | (c)CONTRIBUTING TO (                                    | DEATH BUT NOT RELATED TO THE  | E TERMINAL DISEASE OR CO          | NOITION GIVEN IN PART 110  |     |
| N: The law raysican.  Victor has been cross to permit.  Hygiene priora   | CERTIFICATION | 19a DATE OF OPERATION  |   | OPERATION WAS PERFORMED   | 200 AUTOPSY?<br>YES □ NO          | 20b. IF YES, WERE FINDINGS USED<br>IN CERTIFYING CAUSES OF DEATH?<br>YES \( \text{NO} \) |     |
| ding physicians certifical buriol-from Mental Hy   | MEDICAL CE    | 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED | HOUR A.M. MONTH DA                                      | 19 211 LOCATION   | OCCURRED (ENTER NATURE OF IN      |  |     |
| NDING PH<br>I or attent<br>S. After the<br>Use os the I<br>feolth and  | ME            |  | (AT HOME STREET, FACTORY, OFFICE, F                     | ARM, ETC   STREET   | . to 192                          | 19, tho (1)(we) li   | ast |
| OR ATTER<br>he hospito<br>DIRECTOR<br>oched for<br>Dept of H<br>ff frem 21 i   |               | spw the deceased of above, (I) (we) (d/d) (clid mo   | the body ofter death.                                   | DEGREE  | ING MEDICAL ST                    | date and hour and from the causes stated  220 DATE SIGNED  AFF                           |     |
| TO HOSPITAL O  |               | 22d. PHYSICIAN'S NAME (17PE  | TKINS   | PHYSICI<br>22e ADDRESS  | DIRECTOR   PHYS                   | CIAN DIVINO  |     |
| BP   | 23a           | BURIAL, CREMATION, REMOVAL   |   | NAME OF CEMETERY OR CREMAT  | TORY 23d LOCATION CITY OF THE CLO | Arlington VA STATE   |     |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)  | 10            | uneral director  Lylor Funera  | A ADRESS  | ()  | 50 DATE REC'D BY RESISTRA         | RISS REGISTRAL SIGNATURE   |     |

1 Service Control vehal partie Nasibnell Signature MED Several X Several P. A. St. Similar Residen CENTILION - HONORY - MORRES - MONTHERS OMODER STATE OF STATE OF STATE OF an Ellogona & Jom Marris 10 Average lebel 81986 Arlington Delenter School Journal am Mogrand Ligar language man Joseph

|   |   | 3-                    | FOR<br>STATE                            |                              |  |   |              | AND MENTAL                         | 5-2                          | 0 3                                  | 4 3 /  |
|---|---|-----------------------|---|------------------------------|--|---|--------------|------------------------------------|------------------------------|--------------------------------------|--|
| 044   | 125 2   |                       | REGISTRAR                               |                              | MED  |   | IER'S        | CERTIFICATE                        | OF BEATH                     | REG. NO.                             |  |
|   | S & S   | {TYF                  | CEASED NAMI                             | /10A                         | ZEL  | WIDDLE  | K            | ENT                                | OF                           |                                      | Z S 19 86 26 HOUF                            |
|   | ARY, PLE<br>DIRECT<br>OUR<br>ON S   |                       | LE                                      | BLACK                        |  |   |              | NDER LYR. IF UNDER                 | MIN. PRONC                   | ATE MC<br>DUNCED<br>AD               | 2 6 8 2 1030                                 |
| 0   | FOR YC<br>WITHIN  | MA                    | RTHPLACE (S<br>REIGN COUNTRY)<br>RYLAND |                              | 76. CITIZEN OF WH                                    |   | WIDOV        | IED NEVER MARR                     | ED AN                        | NE ARUNDE                            |  |
| (   | 1   | GI                    | AESVIL                                  | LE                           | 929 W.   | Benning Re  | oad          | ier institution                    | FOR MOST OF V                | CUPATION (TYPE OF V<br>VORKING LIFE) | WORK 12b. KIND OF BUSINESS<br>OR INDUSTRY    |
| 21201   | AND HELLAND   | MA                    | RYLAND                                  | 13b COU<br><b>A</b>          | NE OR OTHER INSTITUTION, GIV                         | E RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN GLAESVI |              | 13d. INSIDE CITY LIMITS?<br>YES NO | 13e. STREET ADE<br>929       | W. Bennin                            | g Road 20765                                 |
| RE, MD  | DEATH<br>GGES 1, 2<br>RM PM<br>AND<br>OF VIT  | 2                     | WILL:                                   | TAM MAJ                      | WIDDLE   | Kent  |              | RUTH                               |                              | MIDDLE EAST                          |  |
| BALTIMORE   | JRS AFTER DE<br>B. GIVE PAGE<br>WITH FORM<br>I. PAGES 1 A<br>DIVISION OF  | 16a V                 | VAS DECEASEI<br>ES, NO, OR UNKNO<br>NO  | DEVER IN U.S. A              | ARMED FORCES?<br>IVE WAR OR DATES)                   | 16b. SOCIAL SECURI                                  | IY NO.       | PAULINE W                          |                              |                                      | land 20765<br>ning Road                      |
| W. PRESTON ST., WITHIN Z4 HOUR INCIL IN ITEM. 18. AINER ALONG W AINER AND W AINER AND W AINER |   |                       | 18 CAUSE O<br>PART I DE                 | ATH WAS CAUS                 | only ane couse per line<br>SED BY:<br>IATE CAUSE (0) | for (o), (b), and (c).)                             | a            | Mach -                             | Can                          | luic                                 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|   |   |                       | gave ris                                | ns, if any, whice to immedio | ch (b)   | AS A CONSEQUENCE                                    |              |                                    |                              | aus +                                | Auto   |
| 201   | VILD BE EXECUTED "PENDING" IN PR EF MEDICAL EXAN SED AS A BURIAL. HEALTH AND MEI AL, CREMATION, C                     | i                     | lying cau                               |                              | (c)  |   |              | E AR COMPLITION CIVEN IN B. 2      | MOT 3 and                    |                                      |  |
| RECORDS   | PENDIN<br>MEDIC<br>MEDIC<br>DASA (<br>EALTH)<br>, CREM  | NO                    |   |                              |  | TO THE TENTE TO THE TEN                             | MINAL BIJERS | t on condition diffe in F          | AAT 1 (6).                   |                                      |  |
| F VITAL RE E SHOULD WORD "PEI E CHIEF M E CHIEF M BE USED A BURIAL, C   |   | TIFICAT               | 196. DATE OF                            | OPERATION                    | 196. CONDIT  | ON FOR WHICH OPE                                    | RATION W     | /AS PERFORMED?                     |                              |                                      | 20 AUTOPSY?                                  |
| DIVISION OF VITAL   | 0 - 0   | MEDICAL CERTIFICATION | UNDERLYING                              | CAUSE WAS OR OR CAUSE O      |  | INJURY<br>MONTH DAY YEA                             | R 21c. H     | OW INJURY OCCURRI                  | ED (ENTER NATURE O           | FINJURY IN ITEM 18 PART              |  |
| DIVISIO   | THIS CERTIFICATE WRITING THE WARDED TO THE PAGE 3 SHOULD F TATE DEPARTMEN 21201 PRIOR TO                              | MEDI                  | 21d. INJURY CO<br>WHILE<br>AT WORK      | NOT WHILE<br>AT WORK         |  | F INJURY (AT HOME, DRY, FARM, ETC.)                 |              | CATION                             | CITY OF                      | TOWN                                 | COUNTY STATE                                 |
|   | 111 5 10  |                       | 226. I certif                           |                              | arge of the remains desc                             |   | Autap        |                                    | undetermined                 |                                      | my opinion                                   |
| •   | MEDICAL EXAMINER: ECUTE THE CRETIFICATI NGE 4 SHOULD BE FOR THE CATOMIC BE FOR THE DEATH, WITH THE SHITMORE, MARYLAND | 200                   | ACTUAL<br>SIGNATURE                     | 9-                           | -sw  | Lul Si  | M            | TITLE (SPECIFY)                    | MEDICAL EX                   |                                      | DATE 2-6-86                                  |
|   | TO MEDIC<br>EXECUTE<br>PAGE 4 S<br>TO FUNEI<br>AFTER DE<br>BALTIMO  | 20 2                  | EXAMINER'S<br>(TYPE OR PRIN             | VI) James                    |  |   |              |                                    |                              | Rd. Crow                             | nsville, 21032                               |
| 07/84   | BP  | BÜ                    | RIAL                                    | ION, REMOVAL                 | 2-10-1986  |   |              | E. CHURCH                          | 23d LOCATION<br>CITY OR TOWN | Galesvil                             |  |
| 25M   | DHMH - 17   |                       | NERAL DIREC                             |                              | napolis M  |   |              | 25c. DATE                          | REC'D. BY REGIST             |                                      | AR'S SIGNATURE                               |
|   | (VR A15 ME (5))   | MT                    | LLIAM I                                 | REESE &                      | SONS MORTU   | ARY. P.A.   |              | LCO                                | 1 0 1986                     | Arian Davi                           | doon Pandelle !                              |

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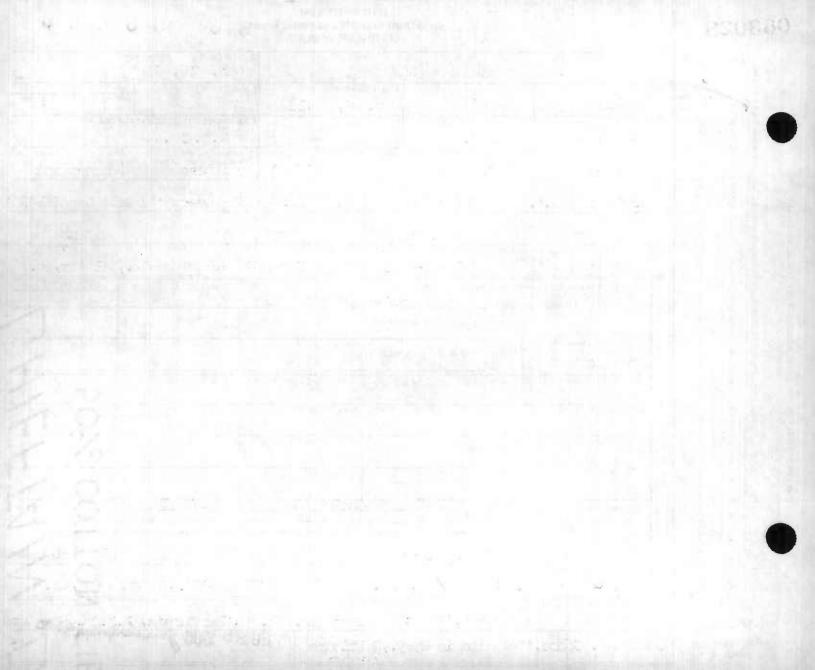
(VRA 15, 4)

|                                   | - 1 |               |  | STATE OF MARYLAND  | 7 0  |
|-----------------------------------|-----|---------------|--|--|--|
|                                   |     | 1-            | FOR<br>STATE   | DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6   | 4 3 7  |
| 1131                              |     |               | REGISTRAR  | CERTIFICATE OF DEATH REG. NO.  |  |
| . m=                              |     |               | EASED NAME FIRST   | MIDDLE LAST 20 DATE OF DEATH MONTH DAY   | YEAR 26 HOUR   |
| d and                             |     |               | Koloer   | + Patrick King. 21   | 86 / DM  |
| 4 4                               |     | 3. SEX        | A A .  | 4 RACE  5. DATE OF BRTH  MONTH  DAY  YEAR  6. AGE (IN YEARS LAST BIRTHDAY)  WONTHS   | RIYEAR IF UNDER 24 RS  |
| A 100                             | , , |               | Male   | White 4 30 26 37 YRS   |  |
| 4 95 %                            | 9   |               | THPLACE (STATE OR FOREIGN  | 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DE  | 1 1  |
| 1                                 | 1   | N             | YORTOWN OF DEATH   | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b  | KIND OF BUSINESS OR  |
| 111                               | 3   | 0             | 11   | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) IND   | USTRY  |
| 12                                | -   | USUA          | L RESIDENCE (IF NURSING HOME OR  | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION I   | alice torce  |
| 19/1                              | 28  | 13a S         | TATE 136 COUN  | A PARA ONLS YES NO X 3095 SUSSEX   | Place  |
| 7                                 |     | 14 FA         | THER'S NAME  | 15 MOTHER'S MAIDEN NAME  | riace  |
| ond ond                           | 211 | )1            | Patrick  | A King Dorothy MIDDLE H  | offman   |
| d col                             |     | 16a V         | AS DECEASED EVER IN U.S. AR  |  |  |
| n and con Pages 1                 |     | -             | les 1943   | 1946 108-18-5110 Barbara Nagy- #1  | 3  |
| spers<br>opers<br>vol.            |     |               | 18 CAUSE OF DEATH (Enter on<br>PART I, DEATH WAS CAUSED                  | nly one couse per line for (a), (b), and (c)   | APPROXIMATE INTERVAL<br>SETWEEN ONSET AND DEATH  |
| on por                            | 14  |               |  | TE CAUSE 10) hyper rephrong  | 2 425  |
| corb<br>, or notic                |     | 37            |  | DUE TO, OR AS A CONSEQUENCE OF   |  |
| nove o                            | 3   |               | Conditions, if any, which gove rise to immediate                         | (b)  |  |
| Se rem<br>I, crem                 | 3.  | 3             | couse (a), stating the underlying couse last.                            | DUE TO, OR AS A CONSEQUENCE OF   |  |
| o cie                             |     | ~             | PART 2 OTHER SIGNIFICANT C   | (c)  | PART lun   |
| Then p<br>to bur<br>njury, o      |     | NO NO         | TAKE 2 OTHER STOTAL CAPACITO   | CONTINUO CON | AKT 110  |
| mit prior                         | -   | CERTIFICATION | 90 DATE OF OPERATION   | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERI   | E FINDINGS USED  |
| rgiene<br>shaws                   | 2   | TIF           |  | YES NOW YES  | NO [   |
| 5 T 8                             | 0   |               | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA                   | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR  | PART 2)  |
| priol-tror<br>entol Hy<br>hem 18  | 7   | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINER                                       | P.M. 19  |  |
| 0                                 | 1   | MED           | 21d INJURY OCCURRED  | 218 PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)  211 LOCATION  STREET  CITY OR TOWN  CO  | UNTY STATE   |
| 1th and                           |     | -             | AT WORK AT WORK  | atali attended the deceased from 19 85 to Allahor 19   |  |
| Heo I is m                        |     | ×             |  |  | , that (1) (we) last   |
| ed for                            | 3   |               | saw the deceased alive an above, (J) (wa) (did) (did not 22b, SIGNATURE. |  | C. DAJE SIGNED   |
| toched for Dept. of Dept. of Hem. |     |               | Nettin   | MD ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN PHYSICIAN   | 2/1/1/2  |
| Story Story                       | T   |               | 271 PHYSICIAN'S NAME (TYPE O   |  | 7.730  |
| 3 1 8                             |     | 4.            | JAC06 €. 76  | EITELBAUM 139012 Solomen's Island Rd. A  | UM ZIJON SOON  |
| 2413                              | 1   | 23o. B        | URIAL, CREMATION, REMOVAL  | THE TO THE CONTINUE ROLL IN  | The state of the s |
|                                   |     | T             | Surial   | Feb41986 Lakemont Davidsmutter   | a mi   |
| - 16 60M 7/                       | 84  |               | NERAL DIRECTOR   | 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S  | SIGNATURE  |
| (VRA 15. 4)                       |     | 1             | Pillar V. non  | al Chand Hunandes MIN FEROR 1000 Miles Mick  | . 7D. 1.00   |

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| 063028   | 1.       | FOR<br>STATE<br>REGISTRAR  | DEPARTI   | MENT OF H  | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH        | 0  | 0 3 4  | 40   |
|--|----------|--|---|------------|--|--|--|--|
| , 75 3   | 1. DE    | CEASED NAME FRST   | E MARIE KI  |            | AST  | reg. NO<br>20. DATE OF DEATH<br>Feb. 26,   | MONTH DAY YEA  | 2b. HOUR                                   |
| 12   | 1.5E     | Female   | 4. RACE<br>White  | S. DATE C  |  | 6 AGE (IN YEARS LAST BIRT  | (HDAY) IF UNDER 1 Y MONTHS D   | YEAR IF UNDER 24 HRS.                      |
| acith Pop  | 70.8     | STATE OR FOREIGN Maryland  | 76. CITIZEN OF WHAT COUNTRY?  | 8          | NEVER MARRIED  | 9. BALTIMORE CITY O  | R COUNTY OF DEATH  | H MD.                                      |
| 1100   | )0. C    | Linthicum  | 11. NAME OF HOSPITAL, NURSIN 18 NOT IN SUCH FACILITY, GIVE STREET 31 Governor's | ADDRESS)   |  | 120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR W | F WORKING LIFE) INDUST   | of Business OR<br>TRY<br>taurant           |
| and the state of t | 130.     | AL RESIDENCE (IF NURSING HOME OF STATE 136. COU!  Maryland A.A                                 | NTY 13c. CITY OR TOW  | N          | 13d. INSIDE CITY LIMITS? YES NO 🏋                      |  | or's Gate  | Lane (21090                                |
| 1 102  | 1        | Jacob  | Meyers  |            | 15. MOTHER'S MAIDEN NAM                                | MIDDLE   |  | gner                                       |
| Poges (  |          | WAS DECEASED EVER IN U.S. AF<br>YES, NO OR UNKNOWN) (IF YES, GF                                | RMED FORCES? VE WAR OR DATES) 16b. SOCIAL SECU 218-12-6                         |            | Jerry King-5   | 09 Poplarwo  |  | 21014<br>Air,Md.                           |
| g physics<br>conpage<br>removal  |          | PART I. DEATH WAS CAUSE  | nly one cause per line for (a), (b), on<br>ED BY:<br>TE CAUSE (a) Adenoca       |            | of bile duct   | s  | APF<br>BETW  | PROXIMATE INTERVAL<br>VEEN ONSET AND DEATH |
| that the death of by the attendion or command of other traumatic   |          | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUI  |            |  |  |  |  |
| e requires 1<br>and Then ple<br>rior to busy, or   | HICATION | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING TO  |            |  | INAL DISEASE OR CON  | DITION GIVEN IN PAR  |  |
| Z Paris pari | RTIFIC   |  |   | N. All     | In How shape occurs                                    | YES NO   | IN CERTIFYING CALL   | NO 🗆                                       |
| SICIAN. To physican certification or control from the first the fi | ICAL CE  | 216, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE  | ATH HOUR A.M. MONTH D. P.M.   | AY YEAR    | 21¢ HOW INJURY OCCURR                                  | ED (ENTER NATURE OF INJUR  | IY IN ITEM 18 PART 1 OR PART   | 1 2)                                       |
| A the part of the  | MEDIC    | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, F                    | ARM, ETC ) | 211 LOCATION<br>STREET                                 | CITY OR TO   | WN COUNTY  | Y STATE                                    |
| ATTENDITY OF CTOR. A Land of CTOR. A Land of Headle of H |          |  | ital) attended the deceased from  |            | /29/70 , 19<br>nd that in (my) ( <b>XX</b> ) opinion ( | , to2/26,<br>death occurred on the do  |  | , that (I) (we) lost<br>the couses stated  |
| TAL OR A The No SAMOCHES THE PERMITTER THE P |          | Laurena  | Kallagan  | 0          |  | MEDICAL STAF   | FF _ 2/  | 27/86                                      |
| O HOSPIT<br>Housed by<br>O FUNER<br>hould be a<br>hould be a   |          |  | R. GALLAGER   | M.D.       | 1  | KENS AVE.  | ,BALTIMOR  | E,MD.                                      |
| BP   | 230      | BURIAL, CREMATION, REMOVAL<br>(SPECIFY) Burial   | March 1, '86 G  |            | aven Mem. Pk.  | Glen Bur   | nie, A.A.C   | on Marylan                                 |
| DHMH - 16 50M 4/B2<br>(VRA 15, 4)  | 24 F     | UNERAL DIRECTOR  | 4001 Ritchie∘Hgw  | y.,Ba      | ltimore 250 PAT  | BiSog Day  | THE PARTY OF THE P | NAME                                       |

(21225)



| 064031  | 1             | FOR<br>- STATE<br>REGISTRAR  | DEPAR   | TMENT OF HEALTH AND MENTAL HY<br>CERTIFICATE OF DEATH         | GIENS 6 0 3                                       | 441   |
|---|---------------|--|---|---|---|---|
| 001001  |               | CEASED NAME FIRST  | MIDDLE  | LAST  | 20. DATE OF DEATH MONTH DA                        | Y YEAR 2b. HOUR   |
| 3 25  | (17)          | EORPRINT)  | JAMES   | KOBER   | 26 FEB  | 1936 18:33 M  |
| 1 11  | 3. SE         | X  | 4. RACE   | 5. DATE OF BIRTH  | MC  | UNDER LYEAR IF UNDER 24 HRS   |
| - /   | 1             | Male   | Cau   | July 21 1920  | LS YRS.   | , and the same of |
| ● 人主义生  |               | IRTHPLACE (STATE OR FOREIGN COUNTRY)   | 7b. CITIZEN OF WHAT COUNTRY   | MARRIED MEVER MARRIED WIDOWED DIVORCED                        | Anne Anundel                                      | OF DEATH MD.  |
| 2011  | 1.2           | Maryland K   | IMPOUGH ABOUT STREET  | ING HOME OR OTHER INSTITUTION ET ADDRESS)  COMMUNITY HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORKING LIFE)       | 12b. KIND OF BUSINESS OR INDUSTRY Retired   |
| AND 2112  | 13a.          | AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN Maryland A • A  | A 1   |   | 130. STREET ADDRESS 505 Higgins Dri               | 2///3<br>Ve-Odention, Mc  |
| 1 15016   | III. F        | ATHER'S NAME   | MIDDLE LAST   | 15. MOTHER'S MAIDEN N   | AME MIDDLE  | LAST  |
| 1 11/14   | 1             | Charles  | Kober   | Merv  | Strobel   | (Banahili)  |
| IMORE.  |               | WAS DECEASED EVER IN U.S. AR<br>YES. NO ORUNKNOWN) (IF YES. GIV<br>WWII  | Korea Vil961616   | Michelle F  | redritz   |   |
| SALT<br>orders<br>orders<br>orders  | Г             | IB CAUSE OF DEATH WALCE  | namouse per line for (o), (b),  | and ichi  |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH   |
| ST. It  |               | PART I. DEATH WAS CAUSE<br>IMMEDIAT  | ECAUSE 10) ANOXI  | C BRAIN IN  | JURY  | 15 days   |
| is, 201 W. PRESTI<br>area that the deat<br>area by the atter<br>or please remove or<br>burial, cremotion,<br>ry, or after traum   |               | Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQ  (b) CART  DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO | DIAC ARRYTH   |   | N IN PART 110   |
| he low rest on. has be reme prior to remember on remember on remember on remember of remember | CERTIFICATION | 190 DATE OF OPERATION  | 19b. CONDITION FOR WHIC   | H OPERATION WAS PERFORMED                                     | 200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NOW YES | WERE FINDINGS USED NG CAUSES OF DEATH?  |
| DIVISION OF VITAL  NG PHYSICIAN: The cottending physicion wifer this certificate has the buriol-tronsis in the ond Mental Hygier orked or frem 18 shee  |               | 21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER                            | HOUR A.M. MONTH   | DAY YEAR  | RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR       | t 1 OR PART 2)  |
| IVISION JG PHYS offending for this of sthe bur h and Me rked or th  | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 210 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE                                  | E, FARM, ETC.) 211 LOCATION<br>STREET                         | CITY OR TOWN                                      | COUNTY STATE  |
| ATTENDIN<br>ospitol or<br>ECTOR: Af<br>d for use o<br>t: of Health  |               |  | tol) ottended the deceased from   |   | , to, 19  | ond from the couses stated  |
| the hy  |               | 226. SIGNATURE   | Hour or   | DEGREE  ATTENDING PHYSICIAN  1220. ADDRESS                    | MEDICAL STAFF DIRECTOR PHYSICIAN                  | 22. DATE SIGNED 8   |
| TO HOSPITA retoined by TO FUNERA should be de with the Stat   |               | Michael A. S   |   |   | Army Hospital Ft.                                 | Meade Md.   |
| 5 6 1 2 2 ₹   | 23a.          | BURIAL, CREMATION, REMOVAL   |   | NAME OF CEMETERY OR CREMATORY                                 |   | COUNTY STATE  |
| BP  |               | Burial   | 3-4-86 A  | rlington National   | Arlington   | Va.   |
| DHMH - 16 50M 4/B2<br>(VRA 15, 4)   | 74. F         | UNERAL DIRECTOR NAME Hardesty Fur  | neral Home Anna   | A ch  | AR 3 1986   | AR'S SIGNATURE  |

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 050115   | 1 -                 | FOR<br>STATE<br>REGISTRAR  |                                     |  | DEF                         | ARTMENT O                              | F HEALTH                   | AND MENTA<br>E OF DEATH                         |          | E 6  | 0 3            | 03                              | 445                               |
|--|---------------------|--|-------------------------------------|--|-----------------------------|--|----------------------------|---|----------|--|----------------|---------------------------------|-----------------------------------|
| Page 4 may be director, page 3 nours offer death   | 3 SE                | - 1//  | 395                                 | HOPT<br>RACE   | N                           | OC                                     | EOFBIRTH                   | 1 <b>9</b> 88                                   | Sr 6     | AGE (IN YEARS LAST BI  | RTHDAY) YRS.   | IF UNDER LYEAR MONTHS DAYS      | IF UNDER 24 HRS                   |
| death.   | Ne<br>10 Cl         | W Jersey TY OR TOWN OF DEA  TWOOD  ALRESIDENCE (IF NURSI)  |                                     | Brashea  | ers Nu                      | WIDO URSING HOM STREET ADDRESS) URSING | WEINTY<br>E OR OTH<br>Home | DIVORCEI<br>ER INSTITUTIO                       | D   12   | AACo  TO USUAL OCCUPAT  TYPE OF WORK FOR MOST  Clergyman   | OF WORKING LIF | 126. KIND C<br>INDUSTRY<br>Mini | MD  DF BUSINESS OR  Stry          |
| ed within 24 mpletely filled and 2 showld  | 13a S<br>M<br>14 FA | STATE  | AACO                                |  | Shady                       | Side                                   | 13d. IN<br>YES             | ISIDE CITY LIMI NO STATEMENTS MAIDE FIRST Sarah | 8        | e. STREET ADDRESS<br>4950 Bon  | niewoo         | od Dr<br>Maccul                 |                                   |
| SALTIMORE, one be execut sicion and co ppers. Pages oil. the medical.  | lóa V               | VAS DECEASED EVER I<br>(ES, NO OR UNKNOWN)<br>VCS  | (IF YES, GIVE Y                     | one couse per  | 037 2                       | 22 3996                                |                            | bekah N   |          |  | 100            |                                 | UMAYE INTERVAL<br>ONSET AND DEATH |
| DS, 201 W. PRESTON ST., BALTIMORE, quires that the death certificate be executed by the attending physician and contemplease remove carbonopages. Pages to burial, cremation, or removal.                                | NO                  | Conditions, il ony, gove rise to imm couse Io1, stoling underlying couse  PART 2 OTHER SIGN                        | which ediate the last               | DUE TO, OR  (b)  DUE TO, OR  (c)   | AS A CON                    | SEQUENCE O                             |                            |   | E TERMIN |  | NDITION GIV    | 2 /6<br>2 /6                    | PRS                               |
| ALRECOR  | CERTIFICATION       | 19a DATE OF OPERAT   |                                     |  | 3.5                         | VHICH OPERA                            |                            |   |          | 200 AUTOPSY? YES NO  | IN CERTIF      | S, WERE FINDIF<br>YING CAUSES   | NGS USED<br>S OF DEATH?           |
| DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir to thending physicion. ther this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b arked or teen 18 shows any injury | MEDICAL CE          | 210. ACCIDENT WAS UNDI OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WHI AT WORK AT WOR | AUSE OF DEATH<br>AL EXAMINER)<br>ED | P.A<br>21e. PLACE C  | A. MONTI<br>A,<br>DF INJURY |  | 9 21f LG                   | OCATION<br>STREET                               | OCCURRED | (ENTER NATURE OF INJ   |                | COUNTY                          | STATE                             |
| ITAL OR ATTENDIO or by the hospinol or by the hospinol or by the hospinol or detoched for use of detoched for use sinte Dept. of Heal NT: If them 21 is m  |                     | 22a.1 certify that (1) (sow the decease above, (1) (waste)   | d plive on a                        | July State of State o | erfe                        | 10 85                                  | DEGREE                     |   | ING I    | th occurred on the comments of | \FF            |                                 | that (I) (we) lost couses stated  |
| 10 To show with  | 23a E               | SURIAL, CREMATION  | EMOVAL                              | 23b. DATE  | -ein                        | PELD<br>231 NAME C                     | F CEMETER                  | / 3/ 5  | TORY     | 23d LOCATION<br>CITY OR TOWN   | Rd.            | COUNTY                          | -0 764.                           |
| BP   | 24 FL               | urial UNERAL DIRECTOR NAME rdesty FH,  | 12 Rid                              | 2-14-8<br>gely Av  | ADD                         | Sprin<br>apolis                        |                            | 25  | FEB      | Easton EC'D. BY REGISTRAF  1 4 1986  |                |                                 | Md                                |

## STATE OF MARYLAND

|  | 00   | 1          | REGISTRAR  |  | DEPARTA                             |                   | CATE OF DEATH  | GIENES 6  |   |  |
|--|--|------------|--|--|-------------------------------------|-------------------|--|---|---|--|
| 056                                    | 160  |            | CEASED NAME LOST   | eR   | MIDDLE                              | L                 | owe  | 20 DATE OF DEATH                                | 19-86   | 26 HOUR                                    |
| ge 4 mm                                | TO SOL   | 3. SE      | MALE   | 1 RACE                                       | HITE                                | 5. DATE O         | F BIRTH - 03-13  | 6. AGE (INYEARS LAST BIR                        |   | YEAR IF UNDER 24 HRS                       |
| deoth Po                               | 83   | 7a BI      | RTHPLACE (STATE OR FOREIGN COUNTRY)                              | U.S.   | A-                                  | MARRIED<br>WIDOWE | DI DIVORCED  | ANNE ANNE                                       | ARUNDE  |  |
| by the fi                              | paulie d   | 10 CI      | WWAPOLIS   | 11. NAME OF                                  | CEN.                                | HO8               | ROTHER INSTITUTION   | IZO USUAL OCCUPATI<br>ITYPE OF WORK FOR MOST OF | ON<br>F WORK (NG LIFE) INDUS                      | RODU C                                     |
| in 24 hou<br>y filled in               | S C  | 13a S      | TATEMD, 134 OL   | A Co.  | 13 TITY OR TOW                      | ADMISSION)        | 13d INSIDE CITY LIMITS?  | 2006 MLS  | ZIP CODE  | 21401                                      |
| ompletek                               | 021  | >          | HOMAS 1  | NOLE   | LAST                                |                   | ETHEL  | WIDDLE  |   | JAST Z                                     |
| be exect                               | e medico   | 16a. V     |  | RMED FORCES?                                 | 227,24                              | 7646              | 17 INFORMANT  ANA  | A Lows  | #13   |  |
| g physici                              | event, th  |            | 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUS<br>IMMEDIA | only one couse pe<br>SED BY<br>ATE CAUSE 10) | er line for to yeb, on              | jane              | edmilated  | 4 carcinon                                      | API<br>BETW                                       | PROXIMATE INTERVAL<br>VEEN ONSET AND DEATH |
| deoth c                                | otion, or<br>roumotic  |            | Conditions, if ony, which  | DUE TO, (                                    | DR AS A CONSEQUE                    | NCE OF            | ier falu   | re  |   |  |
| that the                               | or other 1   |            | couse (a), stating the underlying couse lost                     | ( (c)_                                       | DR AS A CONSEQUE                    |                   |  |   |   |  |
| requires                               | y injury.  | ATION      | PART 2 OTHER SIGNIFICANT   | gertw  | f her                               | 1                 | failure  |   |   |  |
| The fow<br>cion.                       | Shows on the property of the p | RTIFIC     | 19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING               |  | OF INJURY                           | OPERATION         |  | 200 AUTOPSY?                                    | 20b. IF YES, WERE FIT<br>IN CERTIFYING CAL<br>YES | USES OF DEATH?                             |
| SICIAN:                                | Rentol Hy  | EDICAL CEI | OR CONTRIBUTING CAUSE OF D                                       | EATH HOUR A                                  | A.M. MONTH DA                       | AY YEAR           |  | RRED (ENTER NATURE OF INJUI                     | RY IN ITEM 18 PART FOR PART                       | [2]  |
| tNG PHY<br>offer this                  | Ith and A  | MEC        | 21d INJURY OCCURRED  WMILE NOT WHILE AT WORK                     | (AT HOME S                                   | OF INJURY TREET, FACTORY, OFFICE, F | ARM ETC )         | 211 LOCATION<br>STREET   | CITY OR TO                                      | WN COUNTY   | Y STATE                                    |
| ATTEND<br>ospital o                    | n. of Heo<br>m. 21 is m  |            | 22a. I certify that (I) (this has<br>sow the deceased alive a    |  |                                     |                   | and the same of th | n deoth accurred on the do                      | ate and hour and from                             | 11-12-11                                   |
| by the h                               | State Dep  |            | 22d PHYSICIAN'S NAME LAPE  | 16   | eng)                                | M                 | ATTENDING PHYSICIAND   | MEDICAL STAF                                    | F A   | 20/88                                      |
| TO HOSPITA<br>retoined by<br>TO FUNERA | with the   | 22 0       | Paul By  | 2797   | mo                                  |                   | Bex 349  | 1 Crofton                                       | mo 2/1  | 114  |
|  |  | 430        | ENRIAL CREMATION REMOVA  | 1 23h DATE                                   | 23c N                               | JAMME OF CE       | METERY OR CREMATON   | TOTAL LONGATION                                 |   |  |

DHMH - 16 60M 7/84 (VRA 15, 4)

HILLCREST (

FEB 2 1 1986

037.50 11 11 176 1 170 WALLER X HELDER Hawmens 17 A Gray Hope MARRICE PRODUCE RID. AH Co. Frances X Sections no seed Themes In acc Leave Eight LOT IN THE BUILTY ILLY ACRES MISS The second of th British the control of the second of the second of 3411180 2029-84 Franks 7 (500 Ponconjanis A.A. Allo Toy sor towners (make for mapers of the made 2 total

| 057082   | 1-            | FOR<br>STATE<br>REGISTRAR  |  | DEPARTM                                      | ENT OF H               | OF MARYLAND<br>EALTH AND MENTAL HYG<br>CATE OF DEATH  | IENE 3              | 6<br>REG. NO.                             | 0 3                 | si d                      | 4 /<br>EST                     |
|--|---------------|--|--|--|------------------------|---|---------------------|---|---------------------|---------------------------|--------------------------------|
| be oge 3   |               | CEASED NAME FIRST LILLIA   | N M  | Ε  |                        | WE  | 20. DATE OF         | FEBRUAR                                   |                     | , 198                     | 26 HOUR 6 1012 AM              |
| noy<br>r. po   | 3 SE          |  | 4. RACE  |  | S. DATE C              | DAY YEAR  | 6 AGE (INY          | EARS LAST BIRTHDAY                        | MONI                | DER 1 YEAR                | IF UNDER 24 HRS<br>HOURS MIN.  |
| 1 Jan 195  | 1             | Female  RTHPLACE (STATE OR FOREIGN COUNTRY)  ennsylvania   | White The Citizen of Whate U.S. A                | AT COUNTRY?                                  | 8<br>MARRIEI<br>WIDOWE | 3 11  NEVER MARRIED   DIVORCED                        |                     | 74 RECITY OR CO                           |                     |                           | VIY MD.                        |
| 5  | W.C           | GLEN BURNIE  | 11. NAME OF HOS<br>(IF NOT IN SUCH FAC<br>NORT   | PITAL, NURSING                               | EL HO                  | ROTHER INSTITUTION SPITAL                             | (TYPE OF WORK       | OCCUPATION<br>K FOR MOST OF WOI<br>itress | RKING LIFE)         | NDUSTRY                   | BUSINESS OR                    |
| LAND 21  | 13a. S<br>Ma  | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU<br>Aryland A.  | NTY 13c.   | residence before<br>City or town<br>len Buri | ٧. ا                   | 134 INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM | 1711 1              | ADDRESS / ZIP<br>Pleasan                  |                     | e Driv                    | <u>re 2106</u> 1               |
| 1 11/120   | /             | Robert   | MIDDLE   | Welle  |                        | Lillian   |                     | WIDDLE                                    |                     | last<br>Bu                | ıdden                          |
| March Bellimore  |               | VAS DECEASED EVER IN U.S. AI<br>YES, NO OR UNKNOWN) (IF YES, GI  | VE WAR OR DATES)                                 | SOCIAL SECUI<br>212-10-                      |                        | Arthur W. La  | owe 1               | ADDRESS<br>711 Plea                       | asanty              | ville                     |                                |
| ST., BAL   |               | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)  | nly one couse per line<br>ED BY:<br>TE CAUSE (o) | Journal                                      | - 11                   | el perito   | mit.                | is  |                     | APPROXIM. BETWEEN ON      | ATE INTERVAL<br>NSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The low requires that the death certaining physician.  Ifer this certificate has been signed by the offending as the buriol-transit permit. Then please remove corbon th and Mental Hygiene prior to buriol, cremation, or renarked at them 18 to a carry injury, or other troumatic examples.   |               | Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT | DUE TO, OR AS  (c)  CONDITIONS CONTI             | rgonseque<br>Teps                            | VICE OF                | nenal Sy  | mde                 | g S)                                      | POM GIVEN I         | N PART 110                |                                |
| AL RECORD The low required to the low requirement of the priority of the priority of the low the low of the lo | CERTIFICATION | 19s DATE OF OFERATION  |  | Cu   | GZA                    | WAS PERFORMED   | 200 AUTO            | NODIN                                     | CERTIFYING<br>YES [ | ERE FINDING<br>G CAUSES O | GS USED OF DEATH? NO           |
| VINO OF VILL  HYSICIAN: T  ding physici  is certificots  buriol-trons  Mentol Hyg  | MEDICAL CE    | 210, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED    | HOUR A.M. P.M.  21e. PLACE OF II                 | MONTH DA                                     | 19                     | 21c. HOW INJURY OCCURR                                | RED (ENTERNA        |   |                     |                           |                                |
| DIVISION PER PROPERTY After the use as the Health and is marked.   | WE            | WHILE NOT WHILE 220 I certify that (I) (this hosp  | 11-1   |  | 2/20                   | STREET 19.00  | , to                | CITY OR TOWN                              |                     | OL, th                    | of (I) (we) lost               |
| ITAL OR ATTER<br>by the hospitch<br>RAL DIRECTO<br>e detoched for<br>Siote Dept. of<br>NT: If them 21  |               | sow the deceased give or   | Wiew thefoody blue                               | deaty 19                                     |                        | ATTENDING PHYSICIAN                                   | MEDICAL<br>DIRECTOR | STAFF PHYSICIAN                           | 0                   | 2/21                      | /86                            |
| TO HOSPITAL (retained by the TO FUNERAL Is should be dero with the State I IMPORTANT; if   |               | SANG K.H   | AN, M.D.   |  |                        |   | URNIE.              |   | RD,SU<br>061        | ITE 20                    | )4                             |
| BP   | (             | SPECIFY)  Burial  Burial   | 23b. DATE 2/24/86                                | 100  |                        | METERY OR CREMATORY  dge Mem. Pk.                     | Elkri               | idae                                      | Howan               |                           | ryland                         |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  |               | INERAL DIRECTOR NAME  Funeral  | Home. Inc  | ADDRESS                                      | Wilke                  | 21229   |                     | 1986 FU                                   | REGISTRAR           | SSIGNATUR                 | RE PROPERTY.                   |

SHARE

| 0=                | 0000   |               | FOR<br>STATE                  |   | AAEI                     | DEPART        |                   |             | ERTIFICATE                           | 2.0          | 5.                                     | 0 3                | 4                    | 3               |
|-------------------|--|---------------|-------------------------------|---|--------------------------|---------------|-------------------|-------------|--------------------------------------|--------------|--|--------------------|----------------------|-----------------|
| Ub                | 0032   | 1. DE         | REGISTRAR                     | AF FIRST                                    | /4151                    | MIDDLE        | EXAMIN            |             | LAST                                 |              | DATE KN                                | REG. NO.           | DAY                  | YEAR 26 HOU     |
|                   | War althou   |               | E OR PRINT)                   |   |                          |               |                   |             | GETTE                                | 24           |  |                    |                      | 78 HOU          |
|                   | SE S   | 3. SE)        | (                             | MIC<br>I4 RACE                              | CHAFT.  IS DATE OF BIRTH |               | LAWREN            |             | MASTERS<br>DER 1 YR. TIE LINDE       | R 24 HRS. 26 |  | ATED 2-11-         |                      | YEAR 2d HOU     |
|                   | N STATE  |               | ale                           | White                                       | nonth DAY                | 62            | 24 YE             | Y) MONTH    |                                      |              | RONOUNCE                               |                    |                      | 24 1100         |
|                   | SA A SA  | la Bi         | RTHPLACE                      | STATE OR                                    | 76. CITIZEN OF WH        |               | 7.6               | 2           |                                      | 9            |  | 2-11-              |                      | [2PM/           |
|                   | SASSE  | FC            | REIGN COUNTRY                 | ")  | U.S.                     |               |                   | WIDOW       | ED NEVER MAR                         | RIED X       |  | ARundel (          |                      |                 |
| _                 | ZEWEZ 7  |               | TY OR TOWN                    | N OF DEATH                                  | 11. NAME OF HOS          | PITAL, NU     | RSING HOME        |             |                                      | 12e USUA     | L OCCUPAT                              | TION (TYPE OF WORK | 1126 KIND            | OF BUSINESS     |
| 2                 | AND  | 1             | Glen B                        |   | Rt. 3 No                 |               |                   |             |                                      | Labo         | rer                                    | G LIFE)            | Gen.                 | Work            |
| 11201             | ANN AND A  | 13a S         | TATE<br>TATE<br>Arylan        | E I IF IN NURSING HOME O                    |                          | 13t. CITY     | OR LOWN<br>Sadena | ON)         | 13d. INSIDE CITY LIMITS?<br>YES NO X | 13. STREE    | T ADDRESS                              | t Riversi          | 21122<br>ide Dr      |                 |
| RE, MD.           |  | 1             | Thoma                         | as  | James                    |               | Master            |             |                                      |              | MIDD                                   | lĒ.                | caïi                 | ahan            |
| LTIMO             | FIER CASS  | 16a V         | VAS DECEAS<br>ES, NO, OR UNKN | ED EVER IN U.S. ARA                         |                          |               | -74-33            |             | Marjorie                             | Kades        |  | Same as            | : 13e                |                 |
| 3                 | A GRAN   | H             |                               | OF DEATH (Enter onl                         | y one source near line   |               |                   |             |                                      |              |  |                    |                      | XIMATE INTERVAL |
| N ST              | HOUNG BRANCH   | -             | PARTIC                        | DEATH WAS CAUSED                            | BY:                      | M.            | ultipl            | e inj       | juries                               |              |  |                    |                      | ONSET AND DEATH |
| 510               | SE CE CO   | 1             | 01                            | 47  |                          | AS A CON      | ISEQUENCE (       | )F          |                                      |              |  |                    |                      |                 |
| E.                | E SAN E  |               | gave                          | ons, of any, which rise to immediate        | (b)                      |               |                   |             |                                      |              | 10.17                                  |                    |                      |                 |
| 201 W             | DAMEN OF STANKEN   |               |                               | a) stating the <u>under</u> -<br>ouse last. | DUE TO, OR               | AS A CON      | ISEQUENCE C       | )F          |                                      |              |  |                    |                      |                 |
| RDS.              | NG-CAL<br>AND<br>WATE  |               | PART 2 OTHER                  | SIGNIFICANT CONDITIONS                      | CONTRIBUTING TO DEATH I  | UT NOT RELA   | TEO TO THE TERMI  | NAL DISEASE | OR CONDITION GIVEN IN P              | PART 1 (a)   |  |                    |                      |                 |
| 003               | - CALAS MEDIA  | CERTIFICATION | The Parts of                  | 0.0000                                      |                          |               |                   |             |                                      |              |  |                    |                      |                 |
| Z.                | A HE   | SC.           | 196. DATE C                   | PF OPERATION                                | 196. CONDIT              | ION FOR       | WHICH OPER        | ATION W.    | AS PERFORMED?                        |              |  |                    | 20 AUTO              | OPSY?           |
| 2                 | NI SECTION OF THE SEC | Ē             | 21a EXTERN                    | IAL CAUSE WAS                               | 21b. TIME OF             | INITIDY       |                   | 121, HC     | W INJURY OCCURR                      | OFD STATES   | ************************************** |                    | YES                  | MO 🗆            |
| DIVISION OF VITAL | RIFICATE S<br>NG THE WO<br>TO THE C<br>SHOULD BE<br>SHOULD BE<br>PARTMENT<br>RIOR TO BU  |               | UNDERLYIN                     |   | HOUR AM                  | MONIH<br>PM 2 | -11-86AR          |             | truck by n                           |              |  |                    |                      |                 |
| VISIG             | CERTIFIC<br>TING THE<br>3 SHOU<br>DEPART<br>I PRIOR  | MEDICAL       | 21d INJURY                    | OCCURRED                                    | 21e PLACE C              | F INJURY      | AT HOME,          |             | ATION                                |              | CITY OR MOWNI                          | 1 66               | MINE .               | 2 (141)         |
| ۵                 | U W O  | 1             | AT WORK                       | NOT WHILE K                                 | hgwy                     |               |                   | Rt.         | . 3 North                            | 176          | Gler                                   | Burnie,            | Mary.                | land STATE      |
|                   | ATE, ATE, ORW  |               |                               | tify that I took charge                     | e of the remains desc    | ribed obo     | ve, held an       | Autops      | y X, Inspection                      | on .         | Inquiry [                              | ], and in my a     | pinion               |                 |
|                   | ECT FILL   |               | death resu                    | Ited from: Noture                           | al causes                | Accident      | , Sui             | cide .      | Hamicide .                           | Undeter      | mined mann                             | er X.              |                      |                 |
|                   | MAR. WILL  |               | ACTUAL                        | Way   | in the                   | , 4/          | . 00              |             | TITLE (SPECIFY)                      | . 4          |  | DATE               | 2_11                 | 2.06            |
|                   | SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW  |               | SIGNATURE                     | Juny  | MO UI-                   | 114           | THE               | M.          | Assistar                             | AEDIC        | AL EXAMIN                              | ER SIGN            | 2-12                 | 2-00            |
|                   | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA FTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120   | 1             | EXAMINER':<br>(TYPE OR PR     | ILIT)                                       | Margari                  | ta A.         | Korel             | 1,M.J       | DDRESS111                            | l Penn       | Stree                                  | et                 |                      |                 |
|                   | 534548   | 23a. Bi       | JRIAL, CREM.                  | ation, REMOVAL 2:                           | DATE 100                 |               |                   |             | CREMATORY                            | 23d LOC      | ATION                                  | ms GOH             | NTY                  | SLAVES          |
| 07/84<br>25M      | BP   |               |                               |   | 2/15/86                  | W             | oodlaw            | n Cem       |                                      |              | ton                                    | Tal                |                      | bMs.            |
| ZOM               | DHMH - 17<br>(VR A15 ME (5))   |               | orge .                        | Gonce 4                                     | 001 Ritch                | ie H          | gwy Bai           | lto M       | id Pl                                | EB14         | 1986                                   | 256 REGISTRAR'S    | SIGNATURE<br>CON-101 | della           |

STATE OF MARYLAND

|          |  |               |   |  | TE OF MARYLAND   |  |                         |
|----------|--|---------------|---|--|--|--|-------------------------|
|          |  | 11.           | FOR<br>STATE  | DEPARTMENT OF I  | HEALTH AND MENTAL HYGIEN   |  | 4 4 9                   |
|          | 1004   |               | REGISTRAR   | MEDICAL EXAMIN   | ER'S CERTIFICATE OF DE   | ATH REG. NO                              |                         |
| 672      | 2001   |               | CEASED NAME PIRST                                   | MIDDLE   | LAST   | 20. DATE KNOWN MONTH                     | DAY YEAR 76. HOUR       |
|          | 8.55. E.   | (171          | EORPRINT) ALICE                                     | - M.   | MAY  | OF ESTI-                                 | 27 1086 2106            |
|          | PLEASI<br>CTOR<br>FILES<br>HOUR  | 3 SE          |   | E OF BIRTH 16. AGE (IN YEA   |  | 24 DATE MONTH                            | DAY YEAR 2d HOUR        |
|          | DIRE<br>DUR<br>72 H  | 1-8           | male Cauc 1   | -18-1911 75 YE   | months and   | PRONOUNCED DEAD                          | 27,86 2106              |
|          | NECESSAR<br>UNERAL D<br>5 FOR YOU<br>W PRESTOR   | 7a. B         |   | TIZEN OF WHAT COUNTRY?   | 8 MARRIED NEVER MARRIED  | 9 BALTIMORE CITY OR COUNT                | TY OF DEATH             |
|          | NA STAN  | 18 C          | - HODOIS  | ME OF HOSPITAL NURSING HOME  | WIDOWED DIVORCED DIVO | HANGE HE WORK                            | uncer Who               |
|          | A STATE OF THE STA | 1             | BUNDALOS t  | MINE Arund   | el Gen. Hosp."   |  | EXECUTIVE               |
| 102      | F ANY DE<br>2, AND 3 TO<br>3. RETAIN<br>SHOULD B<br>L SECORDS  |               | TATE IN HURSING HOME OF OTHER                       | HIS THE VOTE OF THE PARTY OF TH | 1 has more corremany fragistr  | EET ADDRESS                              | D21012                  |
| 0.2120   | SARSED   | III           | Arymny Hnne   | trunker thu  | UIC YES NO N 8   | MAGOVIST                                 | A No.                   |
| W.       | E-29807  | 11            | ATHER'S PLAME MEDI                                  | D-0 -  | IS MOTHER'S MAIDEN NAM   | 90000 C                                  | N. W                    |
| ORE      | 308 40 -   | 1160          | VAS DECEASED EVER IN U.S. ARMED FO                  | RCES? THE SOCIAL SECURIT   | ( NO. 117, INFORMANT   | ADDRESS AND                              | KICKER                  |
| BALTIMOR | JRS AFTER I<br>3. GIVE PAC<br>WITH FORM<br>F. PAGES I<br>DIVISION O  |               | ES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR E          |  | 17/7 Mas ATTO  | F MAY DOWN                               | MIRGO VISINE            |
| ¥.       | SS FEE /   | H             | 18 CAUSE OF DEATH (Enter only one of                | aura aprilipa faz (a) (b) d (a)  | OMMINIAS, ONO  | F. LILLY HKK                             | APPROXIMATE INTERVAL    |
| ST.      | M 18.  |               | PARTIDEATH WAS CAUSED BY:                           | C.   | 1: 2004  | - M /                                    | BETWEEN ONSET AND DEATH |
| PRESTON  | A E O E E E  |               | IMMEDIATE CAU                                       | DUE TO, OR AS A CONSEQUENCE O  | OF   | at                                       | a Co                    |
| SES      | E SES  |               | Conditions, if any, which                           |  |  |  |                         |
| ×.       | ASS SEE  |               | gave rise to immediate couse (a) stating the under- | (b)  | OF .   |  |                         |
| 201      | BESTE  |               | lying couse last.                                   | (e)  |  |  |                         |
|          | EXEC SE  |               | PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBU        | TING TO DEATH BUT NOT RELATED TO THE TERM  | INAL DISEASE DR CONDITION GIVEN IN PART 1 to   |  |                         |
| RECORDS, | MEDIN<br>MEDIN<br>AS A<br>CREW   | Z             |   |  |  |  |                         |
| 24       | "PENDING" EF MEDICAL SED AS A BU HEALTH AN   | CERTIFICATION | 190. DATE OF OPERATION                              | 196. CONDITION FOR WHICH OPER  | ATION WAS PERFORMED?   |  | 20 AUTOPSY?             |
| VITAL    | WORD WORD BE USE   | Ĭ             | to action at the same of                            |  |  |  | YES NO NO               |
| OF V     | THE WOODLD BE STANENT  | 1 🖁           | 210 EXTERNAL CAUSE WAS                              | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR   | 214 HOW INJURY OCCURRED LENTER   | NATURE OF INJURY IN ITEM 18 PART 1 OR PA |                         |
|          | A THE SULLE OUT HE SET |               | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH           | P.M. 19  |  |  |                         |
| DIVISION | CERTIF<br>TING 1<br>3 SHC<br>DEPAR<br>1 PRIO   | MEDICAL       | 21d INJURY OCCURRED                                 | 21e PLACE OF INJURY (AT HOME.  | 211 LOCATION   |  |                         |
| NO       | MURR: THIS CERTIFICATE SHOULD E<br>FICATE, WRITING THE WORD "PEN<br>RE FORWARDED TO THE CHIEF ME<br>CTOR: PAGE 3 SHOULD BE USED AL<br>HTHE STATE DEPARTMENT OF HEAR<br>LAND, 21201 PRIOR TO BURIAL, CH   | 18            | MHILE NOT WHILE AT WORK                             | STREET, FACTORY, FARM, ETC.  | STREET   | CITY OR TOWN COL                         | UNTY STATE              |
|          | ATE. T   |               | 22a. I certify that I took charge of the            | remains described above, held an   | Autopsy , Inspection ,   | Inquiry , and in my ap                   | inion                   |
|          | EXAMINER: CERTIFICATE UID BE FOR , WITH THE SARYLAND,  |               | death resulted from: Natural caus                   | es , Accident , Sui  | cide , Homicide . Unde   | termined manner ,                        |                         |
|          | A VI PER   |               | ACTUAL  | 1/   | TITLE (SPECIFY)  |  |                         |
|          | ATH ATH  | 1             | SIGNATURE   | 2 alunch   | M.DMED   | DICAL EXAMINER SIGNE                     | 07-17-86                |
|          | AEDIC<br>CUTE TI<br>SE 4 SH<br>FUNER<br>FR DEA   |               | EXAMINER'S NAME James E.                            | Wheeler, M.D.  | ADDRESS 1116 Gumbo.  | ttom Rd. Crownsv                         | ille 21032              |
|          | TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE FOR TUNERAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAI   | 23a B         | URIAL CREMATION REMOVAL 23h DAT                     |  |  | DCATION                                  |                         |
| 07/84    | BP   | r             | SURIAL 3-1  | 13-1986 NASSAL   | Variet Court   | ONG ISLAND                               | NTY STATE               |
| 25M      |  | 24 F          | UNERAL DIRECTOR                                     | 501 Ritth  |  | Y REGISTRAR 256 REGISTRARSS              | IGNATURE                |
|          | DHMH - 17<br>(VR A15 ME (5))   | T             | TE BARRANCO F                                       | H. JEVERNA PAR   | KM1. 214/AR 0.6 19   | 30 Julia Davidson-1                      | fandette                |

109370 Formula and Burnell Burnell Burnell Burnell AND THE PROPERTY OF THE PROPERTY SHOW SHAPE SHAP Charles Control of the Market Louis Island The findings of the property of the second of the party o

|            | STA  | TE OF | MARY   | AND   |
|------------|------|-------|--------|-------|
| DEPARTMENT | I OF | HEAL  | TH AND | MENTA |

| 55160   |               | STATE<br>REGISTRAR   |  | CERTIFICATE OF DEATH  | REG. NO.   | 3 4 3 9   |
|---|---------------|--|--|---|--|---|
| A 18  |               | CEASED NAME FIRST  CORPRINT)  Edward   | E.   | Mazzullo , Jr.  | February 18  | 1000  |
| ctor poges  | 3. SE         | x<br>Male  | 4 RACE<br>Caucasian  | 5. DATE OF BIRTH Sept. 8 DAY 1927                               | 6. AGE (IN YEARS LAST BIRTHDAY)                              | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.        |
| nerol dire  | 7o. B         | RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.C.   | 76 CITIZEN OF WHAT COUNTRY   | -   | 9 BALTIMORE CITY OR COU                                      |   |
| de thu  | 10 C          | thian  | 11. NAME OF HOSPITAL, NURS<br>(IF NOT IN SUCH FACILITY, GIVE STRE<br>279 Ella Wel  | SING HOME OR OTHER INSTITUTION                                  | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman | 126 KIND OF BUSINESS OR                                       |
| N BS  | 13a S         | AL RESIDENCE (IF NURSING HOME OF STATE PRINCE PRINC | NOTHER INSTITUTION GIVE RESIDENCE BEFORE TO COMPANY OR TO  | ORE ADMISSION)  NO 13d. INSIDE CITY LIMITS?  Springs YES 🛣 NO 🗆 | 13e STREET ADDRESS / ZIP (                                   | 00=10   |
| 11/61   | 14. FA        | Edward   | Mazzi  | ullo, Sr. Lillian   | WIDDIE   | Locke   |
| n ond con poses   |               | VAS DECEASED EVER IN U.S. AR<br>YES, NO OR UNKNOWN) (IF YES, GI  | MED FORCES? 166 SOCIAL SERVE WAR OR DATES) 216-22  |   | zzello 4803 W  | neeler Rd.<br>Hill, Md.                                       |
| physicion<br>in popers.<br>imovol.  |               | PART I. DEATH WAS CAUSE  | nly one couse per line for 10), (b), (c) BY: TE CAUSE (o) Res R  | · arest   |  | APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH                 |
| ed by the attending<br>lease remove corbo<br>riol, cremotion, or rior<br>or other froumatic |               | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.   | DUE TO, OR A A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO THE PROPERTY OF THE PROPER | DUENCE OF   |  |   |
| n signe<br>Then p<br>r to bu<br>injury,   | NO            | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING TO   | O DEATH BUT NOT RELATED TO THE TERM                             | AINAL DISEASE OR CONDITION                                   | GIVEN IN PART 110   |
| hos been t permit.  | CERTIFICATION | 190 DATE OF OPERATION  | 196. CONDITION FOR WHIC  | CH OPERATION WAS PERFORMED                                      | 20a AUTOPSY? 20b. IN C                                       | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO |
| certificate viol-tronsit tentol Hygical Hear 18 she   |               | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTIONS  (IF EITHER NOTIFY MEDICAL EXAMINE)  |  | DAY YEAR  | RED (ENTER NATURE OF INJURY IN ITE                           | M 18 PART ) OR PART 2   |
| offendin<br>ter this cast he bur<br>h and Me  | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFIC   | E, FARM, ETC.)  211 LOCATION STREET                             | CITY OR TOWN   | COUNTY STATE  |
| pitol or<br>TOR. Af<br>for use o<br>of Health   |               | saw the deceased alive an  | ot) view the body ofter death.   |   | deoth occurred on the date and                               | 19 10 , that (I) (we) lost thour and from the couses stated   |
| y the hos detoched detoched hote.   |               | 226. SIGNATURE   | Malle  | DEGREE<br>ATTENDING<br>PHYSICIAN [                              | MEDICAL STAFF DIRECTOR PHYSICIAN                             | 2/19/86   |
| FUNE<br>FUNE<br>Sold be<br>th the Si  |               | LUM. A. Da   |  | 703 GIG   | ding Are   | annapolismo 21.   |
| BP  | 23a E         | BURIAL, CREMATION, REMOVAL   |  | NAME OF CEMETERY OR CREMATORY esurrection Cemeter               | 23d LOCATION Cliver town                                     | P.G. COUNMARY land  |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

P.G. Maryland

FUNERAL DIRECTOR
6160 Oxon Hill Rd 250 DATE REC'D. BY REGISTRAR'S SIGNATURE
George P. Kalas Funeral Home Oxon Hill, Md.

And Andrews Institute, Jr. I streams L. 1 at EU vet 3 . f at mother and Isbaura same Asymptonia-likes a manufact of the first of Ellino de compa de co Marie E. Hamilton E. Lillian 

THE SECTION OF THE PROPERTY SERVICES AND ADDRESS OF THE PROPERTY OF THE PROPER

ALLEY AND THE STREET HOURS CARRY WILL . I. S. T. S. T.

|  | It            |   | 13c, 14, 15 G 012  | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC     | CIENT AND MICE  |
|--|---------------|---|--|---|---|
| 055097   | 1.            | FOR 2/20/86 STATE 2/20/86 REGISTRAR                                     | CW DEPARTI   | CERTIFICATE OF DEATH                                | REG. NO.  |
| 03.3037  |               | CEASED NAME FIRST   | MIDDLE   | LAST  | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR  |
| oge 3  | (,,,,,        |   | abeth M. M   | cGehee  | Feb.15,1986 M   |
| 1 mo   | 3. SE         |   | 4 RACE   | 5 DATE OF 218                                       | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.                       |
| urs o  |               | Female  | White  | Aug 21,1920 A                                       | 65 YRS.   |
| 2 P d d d  |               | RTHPLACE (STATE OR FOREIGN  | 76. CITIZEN OF WHAT COUNTRY?   | MARRIED NEVER MARRIED                               | 9 BALTIMORE CITY OR COUNTY OF DEATH   |
| deot deot  |               | Maryland  | USA  | WIDOWED DIVORCED                                    | Balto Co . Anne Arundel MD.   |
| 1/10   | 2             | TY OR TOWN OF DEATH Baltimore   | 106 Townse   | end Ave.Balto.Md                                    | 126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  HOMEMAKET  126. KIND OF BUSINESS OR INDUSTRY |
|  | 13a. :        | STATE 136. COU  | ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW Linthic | ADMISSION)  N BOLL 138 INSIDE CITY LIMITS?  YES NOW | 136 STREET ADDRESS / ZIP CODE 21225<br>106 Townsend Ave. Balto.Md.  |
| ett.   | 14. F/        | ATHER'S NAME  | Casper   | 15. MOTHER'S MAIDEN NA                              |   |
| A poly and a poly a contract of the contract o |               | Frederick   | Kuhn   | Soph  | nie drager  |
| BALLIMORE, iote be execut systion and cc ppers. Pages vol. t, the medical  |               | VAS DECEASED EVER IN U.S. AF<br>YES, NO OR UNKNOWN)   I IF YES, GI      | MED FORCES? 166 SOCIAL SECU<br>VE WAR OR DATES) 218-07-              |   | O.McGehee, Same as above  |
| hysicior<br>copers.  |               | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE                     | nly one couse per line for (a), (b), an                              | dec   | APPROXIMATE INTERVAL  |
|  |               |   | TE CAUSE (o)   | Concer of Bi  | Le Voci   |
| re death cert<br>te offending ;<br>imove carbon<br>malion, or ret  |               | Conditions if any this  | DUE TO, OR AS A CONSEQUE   | INCE OF   |   |
| W. PKESIG<br>of the deat<br>y the often<br>cremotion,<br>ther froumic  |               | Conditions, if any, which gave rise to immediate couse (a), stating the | (b)  |   |   |
| 5 5 . 0  |               | underlying couse lost   | DUE TO, OR AS A CONSEQUE   | INCE OF   |   |
| se el d'un d'un d'un d'un d'un d'un d'un d'un  | N O           | PART 2. OTHER SIGNIFICANT   | CONDITIONS CONTRIBUTING TO   | DEATH BUT NOT RELATED TO THE TERM                   | MINAL DISEASE OR CONDITION GIVEN IN PART 110  |
| O PHYSICIAN: The low requirements of physicion.  In this certificate has been significate buriol-transit permit. Then and Membi Hygiene prior to be ked or frem 18 shows any injury  | CERTIFICATION | 190 DATE OF OPERATION   | 196 CONDITION FOR WHICH  | OPERATION WAS PERFORMED                             | 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO               |
| HYSICIAN. The  | CE.           | 21a. ACCIDENT WAS UNDERLYING  |  | 21c HOW INJURY OCCUR                                | RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  |
| SICIANI<br>ag phys<br>certifico<br>riol-troi<br>entol Hy<br>Item 18  | CAL           | OR CONTRIBUTING CAUSE OF DE   |  | 19  |   |
| G PHYS offending er this offending sthe but ond Me   | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK                           | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY OFFICE, F           | ARM ETC ) 216 LOCATION<br>STREET                    | CITY OR TOWN COUNTY STATE   |
| ADIN LOCAL S A S A S A S A S A S A S A S A S A S   |               | 22a. I certify that (I) (this hasp                                      | ital) attended the deceased from                                     | 2 15 19 86  |   |
| OR ATTEN<br>the hospital<br>DIRECTOR<br>oched for un<br>Dept. of Hem 21 is   |               | sow the deceased alive or obove, (1) (we) (did) (did no                 | 19   | So, and that in (my) (our) opinion                  | death occurred on the date and hour and from the causes stated  |
|  |               | 27b. SIGNATURE  | n Formen   | DEGREE  ATTENDING PHYSICIAN                         | MEDICAL STAFF DIRECTOR PHYSICIAN 2013   |
| FUN<br>old by<br>ORT   |               | 22d PHYS CIANG NAME 15  | RPRINT)  | 1000 dt   | this thry Glas Brown Al   |
| Of Of Water  |               | URIAL, CREMATION, REMOVAL   | 23b. DATE 23c. N   | NAME OF CEMETERY OR CREMATORY                       | 23d LOCATION  |
| BP   |               | Burial  | 2/18/86 Ced  | dar Hill Cemt.                                      | Balto. A. A. Co. Maryland   |
| DHMH - 16 60M 7/84   | 24 FI         | INERAL DIRECTOR Ba  | lto.Md.21225   |   | TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE   |
| (VRA 15, 4)  | Mc            | Cully Funera  | 1 Home 237 E.  | Patapsco Ave. FE                                    | B 1 9 1986 guha Davidson-Mandelle.  |

STATE OF MARYLAND

FOR

(VRA 15, 4)

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TAGLD ORE, JARYLAND 21225

SALVA P. MILLIAN I. I.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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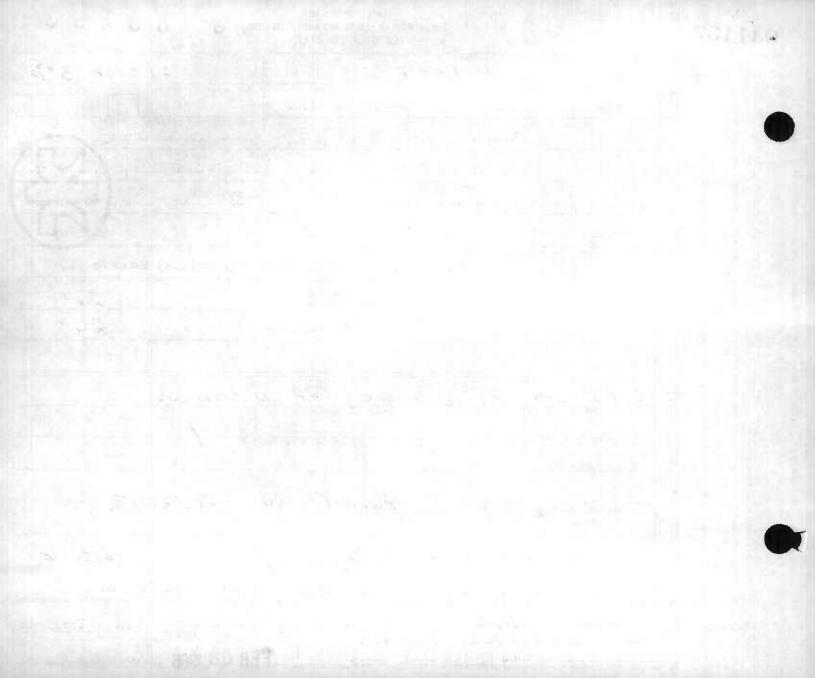
| ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may | OR: After this certificate has been signed by the attending physician and completely filled in by the Augeral director, pairing as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be fixed within 72 hours after diffeolth and Mental Hygiene prior to burial, cremation, or removal. |
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| ENDING PHYSICIAN: The I   | OR: After this certificate has been signed by the attending physicii or use as the burial-transit permit. Then please remove corbon paper (Health and Mental Hygiene prior to burial, cremation, ar removal.  |
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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| FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in E | -       | h the State Dept. af Health and Mental Hygiene prior to burial, crematian, or removal. | ORTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine must be |
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| REGISTRAR  |  | CERTIF                             | FICATE OF DEATH                       | REG. NO.                           |                                     |                                   |
|--|--|------------------------------------|---------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| 1. DECEASED NAME FIRST (TYPE OR PRINT) ETHEL   | MCL  | SICE                               | LAST                                  | Is. Drite of Dertit                | 2/3/86                              | 3 45 M                            |
| 3. SEX Female  | 4. RACE<br>White                               | Sept                               |                                       | 6. AGE (IN YEARS LAST BIRTHO       |                                     | HOURS MIN.                        |
| 70. BIRTHPLACE (STATE OR FOREIGN Canada  | 76 CITIZEN OF WHAT C                           | MARRIE                             |                                       | Anne Arunde                        | el County                           | MD                                |
| N. CITY OR TOWN OF DEATH Annapolis   | Anne Arund                                     | el General                         | Hospaital                             | 120 USUAL OCCUPATION Telephone Of  | N 12b KIND OF INDUSTRY PERATOR U.S. | BUSINESS OR Govt.                 |
|  | rother institution, give resi<br>NTArundel Mi. | DENCE BEFORE ADMISSION) LIErsville | 134 INSIDE CITY LIMITS?               | 1635 Millers                       | sville Road                         | 21108                             |
| Herbert  |  | Beavis                             | is mother's maiden na<br>Ethel        | WIDDLE                             | Hink                                | ley                               |
| 160. WAS DECEASED EVER IN U.S. AI  |  | 9-10-4852                          | Patricia Ste                          | ele (Daughter                      | r) Same as #                        |                                   |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)  | TE CAUSE (o)                                   |                                    | SEPBIS                                |                                    | APPROXIM. BETWEEN ON                | ATE INTERVAL<br>NSET AND DEATH    |
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | (b)  | CONSEQUENCE OF                     | Preumonie                             |                                    | 24                                  | , 0                               |
| PART 2 OTHER SIGNIFICANT  COPD CH  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [      | IF, ASCV                                       | SWW<br>OR WHICH OPERATIO           |                                       | N STEROID                          | Sob. IF YES, WERE FINDING           |                                   |
| RTIFIC   | This Os bulling                                |                                    | Tal- HOW MINDY OCCUP                  | YES NO                             | IN CERTIFYING CAUSES C              | NO [                              |
| OR CONTRIBUTING CAUSE OF DE  | ATH HOUR A.M. MO                               | ONTH DAY YEAR<br>19                |                                       | RRED (ENTER NATURE) OF INJURY I    | IN ITEM 18 PART   OR PART 2}        |                                   |
| 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJU                             | JRY<br>ORY OFFICE, FARM, ETC )     | 211 LOCATION<br>STREET                | CITY OR TOWN                       | COUNTY                              | STATE                             |
| 220.1 certify that (1) (this hosp<br>saw the deceased alive or<br>above, (1) (we) (did) (did n | 2-3-   | 1986                               | nd that in (my) (aur) apinion         | death occurred on the date         |                                     | not (I) (we) lost<br>ouses stated |
| 22d. PHYSICIAN'S NAME MYPE   | I mich   | 8-)                                | ATTENDING<br>PHYSICIAN (              | MEDICAL STAFF<br>DIRECTOR PHYSICIA | 2/3/<br>2/3/                        | SP SPED                           |
| Mary L. Mi   | chaels, M.D                                    |                                    | 51 Franklin                           | Street Annapo                      | olis, Md. 21                        | 401                               |
| 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation   | 2/4/86   | Metropo                            | emetery or crematory<br>litan Cremato | ry Alexandria                      | a N/A V                             | state<br>irginia                  |
| 2 Francios Cosch's   | Sons Funera                                    | Home P                             | Δ 25a DA                              | TE REC'D. BY REGISTRAR 25          | h REGISTRAR'S SIGNATU               | DF.                               |

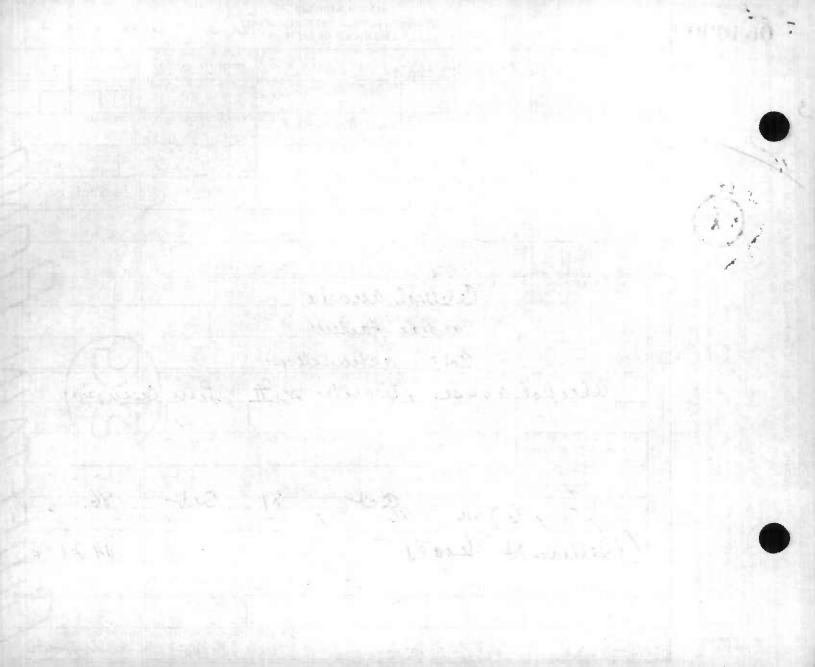
DHMH - 16 60M 7/84 (VRA 15, 4)



|  |               |  |   | STATE OF MARYLAND   |   |                                  |               |
|--|---------------|--|---|---|---|----------------------------------|---------------|
| 071063   | 1 -           | FOR<br>STATE<br>REGISTRAR                                | DEPART  | MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH                  | HYGIENE O REG N                                       | 0 3 4 5                          | 4             |
| noy be<br>page 3   |               | EASED NAME FIRST   | 8 tin J.  | Mc Tigh   | 20 DATE OF DEATH                                      | 25-86 2                          | HOUR PM       |
| ge 4 may   | 3. SE)        | Male   | Caucasion   | 5. DATE OF BIRTH MONTH YEAR YEAR                                | 6. AGE IN YEARS LAST 8                                |                                  | FUNDER 24 HRS |
| death. Po  |               | ARYLAND  | 16 CITIZEN OF WHAT COUNTRY  | MARRIED M NEVER MARRIED WIDOWED DIVORCED                        | - Anne A  | or county of DEATH               | MD.           |
| by the fulled with   | 10 CI         | en Burnie  | North Arend   | el Conv. CnTr   | 120 USUAL OCCUPA<br>(TYPE OF WORK FOR MOST<br>ACCOUNT | OF WORKING LIFE) INDUSTRY        | BUSINESS OR   |
| AND 21   |               | EYLAND ANN   | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY  13c. CITY OR TOV  VEARUNDS  PASAL      | OENA 136. INSIDE CITY LIMIT                                     | VOI TICK  |                                  | 41122         |
| MARY   |               | JOHN   | ARMED FORCES? 166, SOCIAL SEC   | 15 MOTHER'S MAIDEN  FIRST  URITY NO. 17 INFORMANT               | ARET  | LAST                             |               |
| be succession of the Propes  |               | 100 -  | GIVE WAR OR DATES) 213-0.   | 5-8126 MARY 1   | nc TIGHE  | Same as #                        | ATE INTERVAL  |
| that the peculication ST., BA by the appropriate code range codes of page 1910, crementaria. | Part Control  | PART I. DEATH WAS CAUS                                   | DUE TO, OR AS A CONSEQUE  | JENCE OF M  | etas Jasi   | BETWEEN ON                       | SET AND DEATH |
| requires   | CERTIFICATION | PART 2 OTHER SIGNIFICANT                                 | asde  | DEATH BUT NOT RELATED TO THE  WOSCLESS HOPERATION WAS PERFORMED | TERMINAL DISEASE OR CO                                | NOITION GIVEN IN PART TIO        | GS USED       |
| he low<br>on.<br>hos b<br>t perm   | TIFIC         | THE DATE OF CITEMATION                                   | Via consultor or which  |   | YES NO  | IN CERTIFYING CAUSES O           |               |
| ING PHYSICIAN: Totanding physical and and Mental Hygin and Mental Hygin arked on Hem.]       | MEDICAL CER   | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | DEATH HOUR A.M. MONTH (   | DAY YEAR  | CURRED (ENTER NATURE OF IN                            | URY IN ITEM IS PART I OR MART 2) |               |
| DIVISION  DIVICE PHY  After this e as the bu  sith and M  narked or                          | MED           | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK             | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE spital) attended, the deceased from |   | Sh h  | 1 25 81                          | STATE         |
| RATTEND<br>hospital of<br>RECTOR.<br>hed for use<br>ept of Hec                               |               |  | on 19_not) yiew the bady after death.   | / -//   | inion death accurred on the                           | date and hour and from the ca    |               |
| HOSPITAL C   |               | 224 PHYSICIAN'S NAME (TYPE                               | A A A CAMPRINTI   | ATTENDIN PHYSICIA   | MEDICAL ST.   | AFF ICIAN 2 -                    | 25.86         |
| BP   |               | URIAL, CREMATION, REMOVA                                 | 12 f 4 (23b. DATE 23c. 23c. 23c. 23c. 23c. 23c. 23c. 23c.                                 | NAME OF CEMETERY OR CREMATO                                     | TITY OR TOWN  | Me BOUNTY                        | 21146         |
|  | 24 FI         | INERAL DIRECTOR  | 2000  |   | DATE REC'D BY REGISTRA                                | R 26 REGISTRANT SIGN OF          | mala in       |
| DHMH - 16 50M 4/83<br>(VRA 15 4)   | R             | DODONO SA  | TIFPNA DADY MOORES  | n 21146   | COURT CO NAM  | General Contraction of the       | - 3           |

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| 064090   | FOR STATE REGISTRAR   | DEPARTMENT OF   | TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH                              | 3 0   | 3 4 5  | ລັ             |
|--|---|---|--|---|--|----------------|
|  | 1. DECEASED NAME FIRST  |   | LAST   | REG. NO.  | DAY YEAR 2b  | HOUR           |
| o the o  | (TYPE OR PRINT) Ruth P  | . Roecker Merchant  |  | FEBRUARY 12, 1  |  |                |
| pog<br>pog<br>er de  | 3. SEX  |   | OF BIRTH   | 6. AGE (IN YEARS LAST BIRTHDAY)                             | IF UNDER I YEAR IF U   | INDER 24 HRS   |
| aft.   | Female  | White Aug   | . 26, 1922   | 6.3 YRS   | MONTHS DAYS HOL  | DK2 WIN.       |
| A 110/   | 70. BIRTHPLACE (STATE OR FOREIGN  | THE CITIZEN OF WHAT COUNTRY?  | D NEVER MARRIED  | 9 BALTIMORE CITY OR COUNT                                   | Y OF DEATH   |                |
| 1 124  | Wisconsin   | U.S.A. WIDOW  |  | Anne Arundel  |  | MD.            |
| 11/1/  | 10. CITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   | OR OTHER INSTITUTION   | 12a. USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF WORKING  | 126. KIND OF BU  | SINESS OR      |
| 15   | Lothian   | Lot 133, Wayson's T   | railer Court   | Registered Nurs   | 1  | ate.<br>Ospita |
| 1 1 11 121   | USUAL RESIDENCE (IF NURSING HOME (130. STATE 13b. COL   | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)   | 136. INSIDE CITY LIMITS?   | 13. STREET ADDRES Wayson                                    |  | -              |
| AND AND  |   | Arundel Lothian   | YES NO   | Lot 133. Court,   | /Zip 20711   | _              |
| RA SHE SHE   | FATHER'S NAME   | MIDDLE LAST   | 15 MOTHER'S MAIDEN NA  | AME   | LAST   |                |
| M by   |   | ohn Bronenkant  | Mary   | Mona  | akowski  |                |
| O RE ING   | 1100,110 0110 11110 1111  | GIVE WAR OR DATES)  | 17 INFORMANT   | 8069 Croom 1  | Rd., Upper   |                |
| be e   | Yes WWI   | I 394-12-7400  only one couse per the for (o), (b), and (c).)  SED BY:  | George Merc  | hant-Marlboro, Mo   | 1. 20772   |                |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA  NG PHYSICIAN: The low requires that the deoth certificate attending physicion.  After this certificate has been signed by the attending physic os the buriol-transit permit. Then please remove carbon pape th and Mental Hygiene prior to buriol, cremation, ar removal arkedar them 18 shaws any injury, or other froumatic event, if | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT  196 CONDITION FOR WHICH OPERATION  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | DN WAS PERFORMED  216. HOW INJURY OCCUI  | MINAL DISEASE OR CONDITION G                                | ES, WERE FINDINGS<br>TIFYING CAUSES OF I<br>YES \( \text{N} \) |                |
| TO HOSPITAL OR ATTENDI<br>retained by the hospital or<br>TO FUNERAL DIRECTOR: A<br>should be detached for use<br>with the State Dept. of Heal<br>IMPORTANI: If hem 21 is m   | 226. I certify that (i) (this has sow the deceased alive obove, (i/we) (did) (dy 226 GGNATURE  226. PHYSICIAN'S NAME (TYPE)  William Ch  230. BURIAL, CREMATION, REMOVA  BURIAL | oate, M.D.  236. NAME OF C  | DEGREE  1.D. ATTENDING PHYSICIAN 2220 ADDRESS 2083 West St CEMETERY OR CREMATORY | MEDICAL STAFF DIRECTOR PHYSICIAN  23d. LOCATION CITYOR TOWN | 222. DATE SIGN<br>14 Jeu<br>MD 21401                           | NED STATE      |
| BP   | 24 FUNERAL DIRECTOR   | 2/18/86 Chelter   | nam veterans   | Cem. Cheltenham(  |  | Md.            |
| DHMH-16 30M 2/80<br>(VRA 15, 4)  | Richard A. Cole<br>Funeral Home   | man -Upper Mariboro,<br>Maryland 20772,   | M.   |   | Davidson-Par   | dell           |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN Zh. HOUR TTYPE OR PRINTI OF ESTIuc; FUNERAL DIRECTOR 5 FOR YOUR FILES WITHIN 72 HOUR PRESTON STREET 3 SEX DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 31 DEAD 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A Maryland WIDOWED XXX DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Secretary Iowa State 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 5. MOTHER'S MAIDEN NAME FIRST Elizabeth Woodruff James Albert Tweedale Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Walter F. Miller. Same as #13 A-E CAUSE OF DEATH (Enter only one cause per line for (a), (b), APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN W CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USI DEPARTMENT OF 31 PRIOR TO BURIA YES [ NO 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 216 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN STATE WHILE AT WORK TO FUNERAL DIRECTOR: PY
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE ST.
BALLIMORE, MARYLAND, 2 22e. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. 695 America Ort., DAvidsonville, Md. 21035 (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 2-21-1986 Cedar Hill Cemetery Suitland nor. Geammannia 07/84 25M 24 FUNERAL DIRECTOR Donald Borgwardt **DHMH - 17** Box 34B. Port Republic, Maryland 20676 (VR A15 ME (5))

STATE OF MARYLAND

351060 and the second s THE WAY TO BE THE PERSON OF THE PARTY WAS A PARTY. The Burning North of the said THE PERSON STATES OF MILES OF THE STATE OF T The state of the second st The state of the s Charles of 1884 a 1884 of the Charles of Charles of Charles of the Charles of the

063066

## STATE OF MARYLAND

| 1 - STATE<br>REGISTRAR                            |                      |   | EALTH AND MENTAL HYG<br>ICATE OF DEATH | IENE 8 O                  | 10.         | 5 4                     | 5 4        |                |
|---|----------------------|---|--|---------------------------|-------------|-------------------------|------------|----------------|
| . DECEASED NAME FIRST                             | MIDDE                | tE L  | NST                                    | 2a. DATE OF DEATH         | MONTH DA    | Y YEAR                  | 26 HOUI    | R              |
|   | Pauline              | E. Minni  | ich                                    | February                  | 26, 198     | 86                      | 6 A        | M              |
| SEX   | 4. RACE              | 5. DATE O   |  | 6. AGE   IN YEARS LAST BI |             | DNIHS DAYS              | HOURS      | 24 HRS<br>MIN. |
| Female  | Caucasi              |   | ember 6, 1906                          | 79                        | YRS.        | DATS                    | HOURS      | MIN,           |
| a BIRTHPLACE (STATE OR FOREIGN<br>COUNTRY)        | 76 CITIZEN OF WHA    | AT COUNTRY? 8 MARRIEL                                 | NEVER MARRIED                          | 9 BALTIMORE CITY          | OR COUNTY O | OF DEATH                |            |                |
| Pennsylvania                                      | USA                  | WIDOWE  | DIVORCED [                             | Anne Aruno                | del Cou     | nty                     |            | M              |
| O. CITY OR TOWN OF DEATH                          |                      | PITAL, NURSING HOME O<br>CILITY, GIVE STREET ADDRESS) | R OTHER INSTITUTION                    | 12a USUAL OCCUPAT         |             | 12b. KIND C<br>INDUSTRY | F BUSINE   | SS OR          |
| Millersville                                      |                      | lshire Drive  |  | Homemal                   | cer         |                         |            | -              |
| JSUAL RESIDENCE I F NURSING HO<br>30. STATE 136 C |                      | RESIDENCE BEFORE ADMISSION)                           | 13d. INSIDE CITY LIMITS?               | 13e.STREET ADDRESS        | / ZIP CODE  |                         |            |                |
| Maryland An                                       | ne Arundel           | Millersville  | YES NO KX                              | 582 Mills                 | shire D     | rive                    | 21108      | 3              |
| 4 FATHER'S NAME                                   | MIGGLE               | LAST  | 15 MOTHER'S MAIDEN NAM                 | MIDDLE                    |             |                         | = 1        |                |
| Alfred  |                      | rray  | Jane                                   | Man                       | cie         | Unk                     | nown       | е.             |
| 60 WAS DECEASED EVER IN U.S                       | S. ARMED FORCES? 166 | SOCIAL SECURITY NO.                                   | 17. INFORMANTMille:                    | rsville ADDR              | ESS MD      | 2110                    | 8          |                |
| No  |                      | 18-68-8509  | Mr. Joseph L                           | . Minnich,                | Jr. 58      | 2 Mill                  | shire      | e D            |
| 18 CAUSE OF DEATH (Ent<br>PART I. DEATH WAS CA    | AUSED BY:            | Larla, (b) and ic.                                    | b (11105)                              | /-                        | 211         | BETWEEN                 | MATE INTER | VAL            |
| IMME  | DIATE CAUSE (a)      | w. con or wo  | 1 comon                                |                           |             |                         |            |                |

| 18 CAUSE OF DEATH (Enter only one cause per line for Ia), (b) and Ic).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a),  Causal Ous p  Causal  | APPROXIMATE INTERVA<br>BETWEEN ONSET AND DE |
|---|---|
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF UNITY OF THE DUE TO, OR AS A CONSEQUENCE OF UNDERLYING CAUSE Last. | ů-  |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA   | SE OR CONDITION GIVEN IN PART 1(a           |

IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

206. IF YES, WERE FINDINGS USED

20a AUTOPSY?

23d. LOCATION

220.1 certify that (1) (this hospital) attended the and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated saw the deceased alive an

176 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN

231 NAME OF CEMETERY OR CREMATORY

774 PHYSICIAN S MAME 22e ADDRESS Zuniga

23b. DATE

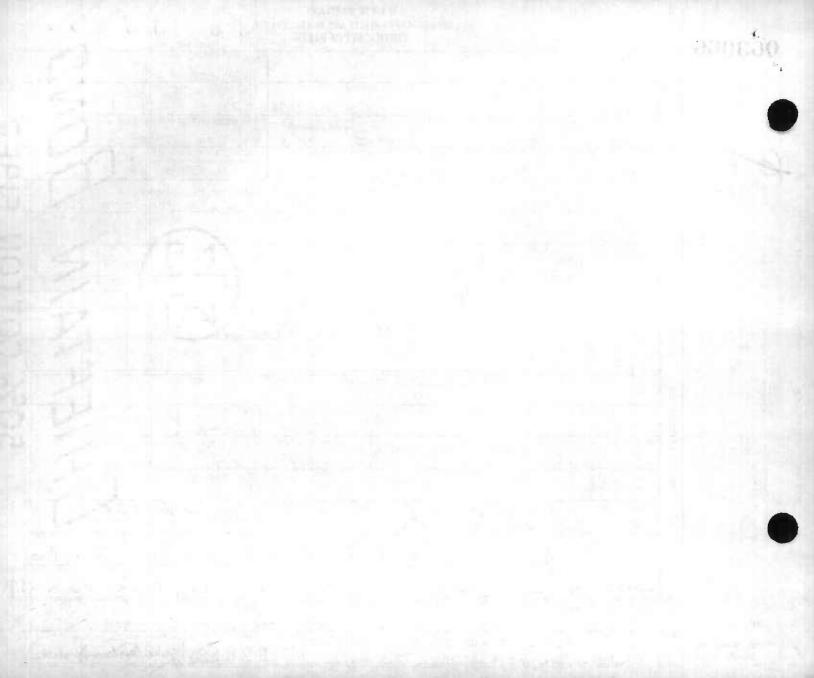
196. CONDITION FOR WHICH OPERATION WAS PERFORMED

(SPECIFY) CITY OR TOWN Lake View memorial Park Eldersburg Burial Carroll

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 8728 Liberty Rd. Randallstown, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



| •                 | DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201   | 05, 201   | W. PRESTON   | ST., BALTIMORE                   | E, MARYLAND 21201           |
|-------------------|--|-----------|--------------|----------------------------------|-----------------------------|
| HOSPITAL OR AITEN | OSPITAL OR ATTENDING PHYSICIAN THE transporter of the contrined by the hospital or offending physician   | The same  | 1            | entiticate be exec               | uted within 24 hours oft    |
| FUNERAL DIRECTOR  | FUNERAL DIRECTOR. After the certificate has been again to the physicion and completely filled in by the<br>Jid be detached for use as the build frame, exeminating and accompletely Bogs 1 and 2 should be filed w | signed by | y Whitemedia | g physicion and conpopers. Pages | completely filled in by the |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH LAST MIDDLE 2b HOUR MARGARET MARY MOROME February 22. 1986 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR S DATE OF BIRTH MONTH White November 23, 1912 73 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel U.S.A. WIDOWED X DIVORCED [ 126 KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION CTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 308 Baylor Road Secretary Insurance Co. JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Anne Arundel Glen Burnie YES T NO X 308 Baylor Road 21061 15 MOTHER'S MAIDEN NAME LAST MIDDLE Turner Clyde Lewis ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (Daughter) Same as (IF YES, GIVE WAR OR DATES) 220-24-0975A Mrs. Patricia R. Westcott APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and, IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY?

71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES []

WHILE NOT WHILE AT HOME STREET, FACTORY OFFICE FARM ETC I 22a. I certify that (1) (this hospital) attended the deceased from\_

and that in (my Vour) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

NO

obove, (I) (we) (did to 774 SIGNATURE

STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

STATE

IN CERTIFYING CAUSES OF DEATH?

COUNTY

224. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

DEGREE

211 LOCATION

3501 St. Paul Street, Baltimore, Maryland

Dr. Stuart B. Bell 230 BURIAL, CREMATION, REMOVAL 23b DATE

Burial

23c NAME OF CEMETERY OR CREMATORY

CITY OF TOWN Most Holy Redeemer Cem! Baltimore

Maryland City

24 FUNERAL DIRECTOR

FOR

REGISTRAR

MERLE

PART I. DEATH WAS CAUSED BY-

Conditions, if ony, which gove rise to immediate couse (a), stating the

1136 COUNTY

MIDDLE

N/A

4 RACE

DECEASED NAME (TYPE OF PRINTS

Female

COUNTRY

30 STATE

No

CERTIFICATION

Georgia

Maryland

FATHER'S NAME

Paul

LYES NO OR UNKNOWN

BIRTHPLACE ISTATE OF FOREIGN

O CITY OR TOWN OF DEATH

Glen Burnie

1 - STATE

3 SEX

Singleton Funeral Home, Glen Burnie, Maryland

February 25,

DHMH - 16 60M 7/B4 (VRA 15, 4)

+ be deto

ORTANT

ld b

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 055158 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH TYPE OR PRINTS DOROTHY M. MORRIS 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR White Apr. 27, 1901 Female 84 BIRTHPLACE INTATE OR FOREIGN L CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MD USA Anne Arundel County DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Annapolis Anne Arundel County General Homemaker Own Home STATE 136 COUNTY 3. STREET ADDRESS / ZIP CODE -3100 St. Paul Balto. MD 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Florence Wood Maupin Robert 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 218 30 6218 1 Mrs. Arthur Davis. Balto., MD No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and (c PART I. DEATH WAS CAUSED BY MYOCARDIAL INFALCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE FEB 15 FRA 15 220 I certify that (Kithis hospital) attended the deceased from. (jour) opinion death occurred on the date and hour and from the causes stated 22h SIGNATI DEGREE 220 DATE SIGNED ATTENDING 4-15-86 PHYSICIAN DIRECTOR | PHYSICIAN | 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road Balto. MD

" EMOVAL 2/16/86 Removal-Burial Henry W. Jenkins & Sens Co.

JACKSON

236. DATE

23c. NAME OF CEMETERY OR CREMATORY Quoque Cemetery

21212

Quogue, Long Island, NY

21218

Smith

12 HRS

NOF

STATE

Julia Davidson Randall

1833 POREST DR. Amnapolis MO 21401

County September County the state of the s -10 . = 0 1., 21118 Magazin Floren a Wood an ith the crisis and control of the contro SHAPE TO SEE THE SECOND en will s', , Duru e e'en Quoue, Long Illan , NY

|  | Ι,            | FOR  | DEPART  | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC | GIENES 6                     | 03464   |
|--|---------------|--|---|---|------------------------------|---|
| 059125   | 1.            | STATE<br>REGISTRAR                                   |   | CERTIFICATE OF DEATH                            | REG. NO                      | 0.  |
| m.f  |               | CEASED NAME FIRST                                    | MIDDLE  | LAST  | 20. DATE OF DEATH            | MONTH DAY YEAR 25. HOUR   |
| moy be poge 3 ter death  |               | Dorothy  | <u> </u>  | NELSON  | Fe                           | b 24 1986 129 PM  |
| 4 mo   | 3 SE          | ×  | 4 RACE  | 5. DATE OF BIRTH MONTH DAY YEAR                 | 6 AGE (IN YEARS LAST BIRT    | MONTHS DAYS HOURS MIN.  |
| Page 4 r director.   |               | emale  | White   | May 6,1905                                      | 80                           | YRS.  |
| nerol dii<br>n 72 hou  |               | RTHPLACE (STATE OR FOREIGN                           | 76 CITIZEN OF WHAT COUNTRY                              | MARRIED   NEVER MARRIED                         | 9. BALTIMORE CITY O          |   |
| e care   | N             | EW YORK  | II NAME OF HOSPITAL NURSI                               | NG HOME OR OTHER INSTITUTION                    | Hone<br>120 USUAL OCCUPATION | Arundel MD ON 126 KIND OF BUSINESS OR                               |
| p / 23   | ^             | 11.  | LE NOT IN SUCH FACILITY, GIVE STREE                     |   | TYPE OF WORK FOR MOST OF     | F WORKING LIFE) INDUSTRY  |
| do sano  | UsU           | AL RESIDENCE (IF NURSING HOME OF<br>STATE 113b. COUR | OTHER INSTITUTION, GIVE RESIDENCE BEFORE                |   | 1 OCC 1 BAD                  | 21035   |
| 1 11 12 (  | 130.          | STATE 13b. COUR                                      | A Davidson  |   | 34-31                        | ZIP ODE 21035   |
| within 2 letely fill and 2 sho   | 14. F         | THER'S NAME  |   | 15 MOTHER'S MAIDEN NA                           | MĖ                           | AND ICHICHICA DIVI  |
| 3 57 7 15 7 7  | )             | T. Jian  | MIDDLE LINGUA   | 11 Tra  | WIDDLE                       | Johnson   |
| ond composed or co |               |  | MED FORCES? 166 SOCIAL SEC                              | URITY NO. 17 INFORMANT                          | ADDRE                        | lâme as   |
| e ca E   | Í             | TE NEOR UNKNOWN) (IF YES, CIN                        | 112-22-   | 8934 Richard A.                                 | Nelson-                      | #13   |
| physicial and popers.  |               | 18. CAUSE OF DEATH (Enter or                         |   | nd rc-  |                              | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH                     |
|  |               | PART I. DEATH WAS CAUSE<br>IMMEDIA                   |   | mer peseas                                      | 2                            |   |
| the death ce<br>the attendin<br>remove corb<br>emation, ar<br>er traumotic   |               |  | DUE TO, OR AS A CONSEQU                                 | JENCE OF  |                              |   |
| death<br>a ottendi<br>nave coi<br>ation, a   |               | Canditions, il any, which gave rise to immediate     | (b)   |   |                              |   |
| by the by the ose remo   |               | cause (a), stating the underlying cause last         | DUE TO, OR AS A CONSEOL                                 | JENCE OF  |                              |   |
| o pled   |               | PART 2 OTHER SIGNIFICANT                             | CONDITIONS CONTRIBUTING TO                              | DEATH BUT NOT RELATED TO THE TERM               | AIN AL DISEASE OF COM        | DITION CIVEN IN PART LICE   |
| sign<br>to bu  | Z<br>O        | TAKI 2 OTTEK SIGNIFICANT                             | CONDITIONS CONTRIBUTING TO                              | DEATH BOT NOT KEER TED TO THE TERM              | MINAL DISEASE OR CONL        | JIJON GIVEN IN PART TIO   |
| beer brior   | CERTIFICATION | 190 DATE OF OPERATION                                | 196. CONDITION FOR WHICH                                | OPERATION WAS PERFORMED                         | 20e AUTOPSY?                 | 206. IF YES, WERE FINDINGS USED                                     |
| he lo  | TIE           |  |   |   | YES NOP                      | IN CERTIFYING CAUSES OF DEATH?  YES NO                              |
| Z S O O T S  |               | 21a. ACCIDENT WAS UNDERLYING                         | 216. TIME OF INJURY                                     | 216 HOW INJURY OCCUR                            | RED (ENTER NATURE OF INJUR   | EY IN ITEM 18 PART 1 O'R PART 2}                                    |
| HYSICIA<br>nding ph<br>his certif<br>buriol-th<br>or trem  | CAL           | OR CONTRIBUTING CAUSE OF DE                          | P.M.  | 19  |                              |   |
| P P S P P  | MEDICAL       | 216. INJURY OCCURRED                                 | 21e PLACE OF INJURY<br>(AT HOME STREET, FACTORY OFFICE, | EARM ETC.) 211. LOCATION STREET                 | CITY OR TO                   | WN COUNTY STATE   |
| DING P<br>or offer<br>After the<br>e os the<br>norked  |               | AT WORK  |   | 10/20 10  | - 1-                         | 1 26  |
|  |               | saw the deceased alive on                            | ital) attended the deceased from.                       | and that in (my) (my) opinion                   | death occurred on the do     | that   19 , that   11 (we) last and hour and from the couses stated |
| hospital<br>hospital<br>interpretation Head for un   |               | obove, (I) (we) (did) (did no                        | at) view the body after death.                          | <b>DECREE</b>                                   | asom occorred on the de      | The DAY SIGNLE  |
| T DOOD T   |               | R. V.  | lea him   | ATTENDING PHYSICIAN [                           | MEDICAL STAF                 | 2/21/16   |
| - O III O O Z  |               | 224. PHYSICIAN'S NAME (TYPE C                        | OR PRINT)   | 22e ADDRESS                                     | DIRECTOR   PHISIC            | IAN L   |
| 0 0 0 = 0  |               | Richard  | I. Hochman, M.D.  | 16 Murray A                                     | ve., Annapo                  | lis, MD 21401   |
| Of Of Man  |               | BURIAL, CREMATION, REMOVAL                           |   | NAME OF CEMETERY OR CREMATORY                   | 23d LOCATION                 |   |
| BP   | 1             | Sund INFECTOR  | reb 271986  | Hillcrest                                       | Annagolt                     | s AB MD   |
| DHMH - 16 50M 4/83   | 24 5          | JNERAL DIRECTOR                                      | ADDRESS   | 25a. DA   | E REC'D. BY REGISTRAR        | 25L REGISTRAR'S SIGNATURE   |
| (VRA 1S, 4)  | no            | ulas Kungaal   | Chanal Ana  | 33 (1M Silons                                   | 990 9 C C                    | TANKER WEST AND THE   |

and the protection of the state Tennaen Tennae Company Sugar Change Company Sugar S

12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MILITARY 20716 1320 PADDOCK LN. MILLER (301) 249-5259 DOUGLAS E. NOGAR15504 Porsche Ct. BOWIE.MD. APPROXIMATE INTERVAL 8 MNTS PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L'OR PART 2) COUNTY STATE and that in (my) our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 2/3/86 STATE Suitland, Maryland Cedar Hill Crematory Cremation BP. 750. DATE REC'D. 8Y REGISTRAR 256 REGISTRAR'S SIGNATURE FEBO'7 1986 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. DHMH - 16 50M 4/82 1331 Rockville Pike, Rockville, Md. 20852 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

IF UNDER 1 YEAR

FOR

- STATE

Promition | Tent / Land Court Hill Ponetices | Author | Margarett Total Whose the contest to the conte

| 052070   |               | FOR  |   | DEPA                              |               | E OF MARYLAND<br>EALTH AND MENTAL HYG    | IIENES A   | 0                  | 3 4 6                                   | 5 2  |
|--|---------------|--|---|-----------------------------------|---------------|--|--|--------------------|---|--|
|  | 1             | STATE<br>REGISTRAR   |   |                                   |               | ICATE OF DEATH                           | REG. N   | Ю.                 |   |  |
| ay be<br>death   |               | OR PRINT) JOHN   |   | MIDDLE                            | OB            | RIEN                                     | 2a DATE OF DEATH   | 2                  | 10 86                                   | 09 10 M  |
| rector. po   | 3. SE         | M  | white   |                                   | Juy           | 13 1918 YEAR                             | 6 AGE (IN YEARS LAST BIR                                   | YRS                | MONTHS DAYS                             | IF UNDER 24 HRS                                |
| death. Po  |               | Washington DC  | USA   | WHAT COUNTR                       | MARRIE        |  | 9 BALTIMORE CITY O   |                    |   | MD.  |
| by the full with   | An            | napolis  | Anne Ar                                       | undel G                           | eneral        | Hospital                                 | 12g USUAL OCCUPAT<br>ITYPE OF WORK FOR MOST (<br>Police De | OF WORKING L       | (FE) INDUSTRY                           | F BUSINESS OR                                  |
| BALTIMORE, MARYLAND 2120  Fig. 10 completely filled in by the property ond 2 should be filed in the property of the property o | Ma<br>Ma      |  | or other institution JNTY Arundel             | 113, CITY OP TO                   |               | 13d INSIDE CITY LIMITS? YES NOX          | 13@ STREET ADDRESS<br>  First Ave                          | / ZIP COD<br>. 207 | 51                                      |  |
| maryl and 2 s  | Jo            | ther's NAME<br>hn FIRST Franc  |   | "Brien                            |               | Jane                                     | MIDDLE   |                    | Un <b>k</b>                             | 1  |
| TIMORE execu   | ye<br>ye      | VAS DECEASED EVER IN U.S. A  | ARMED FORCES?                                 | 577 09                            |               | Patricia O'I                             | Brien same   | as #:              | 13                                      |  |
| ST., BAL   |               | 18 CAUSE OF DEATH (Enter<br>PART I. DEATH WAS CAUSE<br>IMMEDI                                  | anly one cause per<br>SED BY<br>ATE CAUSE (a) | line for ial, (b),                | GASTR         | DINTESTINAL                              | HEMORR   | HAGE               |   | MATE INTERVAL<br>DINSET AND DEATH              |
| PRESTON<br>Control   |               | Conditions, if any, which  | DUE TO, OI                                    | PEPTIC                            |               | A DISEASE                                |  |                    |   |  |
| ¥ 5 5 5 5  |               | gave rise to immediate<br>couse (a), stating the<br>underlying cause last                      | DUE TO, OI                                    | RAS A CONSECUTION                 |               | ENAL FAILU                               | RE   |                    |   |  |
| RDS, 20 equires equires. Then pile r to burin  | NOI           | PART 2 OTHER SIGNIFICAN  | CONDITIONS CO                                 | ONTRIBUTING T                     | O DEATH BUT   | NOT RELATED TO THE TERM                  | IN AL DISEASE OR CON                                       | DITION GI          | VEN IN PART I I O                       |  |
| DIVISION OF VITAL RECORDS, 201  ING PHYSICIAN. The low requires th offending physician.  When this certificae has been signed to sthe burial-transit permit. Then plea th and Memal Hygiene prior to burial arked or them 18 shows any injury, or any or them 18 shows any injury, or the them.  | CERTIFICATION | 19a, DATE OF OPERATION   | 19b CONDI                                     | ITION FOR WHI                     | CH OPERATIO   | N WAS PERFORMED                          | 200 AUTOPSY?   | IN CERT            | S, WERE FINDIN<br>IFYING CAUSES<br>ES   | IGS USED<br>OF DEATH?<br>NO                    |
| I OF VITA  |               | 21a. ACCIDENT WAS UNDERLYING<br>OR CONTRIBUTING CAUSE OF D<br>(IF EITHER NOTIFY MEDICAL EXAMIN | CALLE .                                       | M. MONTH                          | DAY YEAR      | 21c. HOW INJURY OCCURE                   | RED (ENTER NATURE OF INJU                                  | RY IN ITEM 18      | PART I OR PART 2)                       |  |
| DIVISION DING PHYSION Or offer this of se os the bury self and Me marked or I  | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e PLACE (<br>(AT HOME, STR                  | OF INJURY<br>REET, FACTORY, OFFIC | E, FARM ETC ) | 211 LOCATION<br>STREET                   | CITY OR TO   | )WN                | COUNTY                                  | STATE  |
| FND OR. A  |               | 22a.1 certify that (1) (she has<br>saw the deceased alive a<br>above, (1) (sue) (did) (did     | 2/11  | 19                                | 86. or        | , 19 85<br>id that in (my) (aur) apinian | to 2/11<br>death occurred an the d                         | ate and ha         | , 19 <u>66</u> , t<br>ur and fram the c | hot (II ( <del>wa)</del> last<br>couses stated |
| IAL OR ATT y the hasping the hasping detached for one Dept. of   |               | 22b. SIGNATURE   | V (hou  |                                   |               | DEGREE                                   | MEDICAL STA  | EE                 | 2/1/<br>2/1/                            |  |
| TO HOSPITAL<br>retained by Al<br>TO FUNERAL<br>should be det<br>with the State   |               | MICHAEL  | N. PE   | ETERS                             |               | 22e ADDRESS                              | FENSE HU   |                    | ANNAR                                   |  |
| BP   |               | urial, cremation, remova<br>burial   | 236. DATE<br>2 14                             | 86 <sup>23</sup>                  | NAME OF C     | emetery or crematory<br>d Veterans Ce    | 23d LOCATION CITY OF TOWN TOWNST                           | ville              | A.A. Ma                                 | ryland   |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  | 24 FL         | INERAL DIRECTOR NAME Rausc   | h Funera                                      | 1 Home                            | Dwings        | Md. FEB                                  | 18 1996  | A REGIS            | IABS ASABA                              | HOLDE !  |

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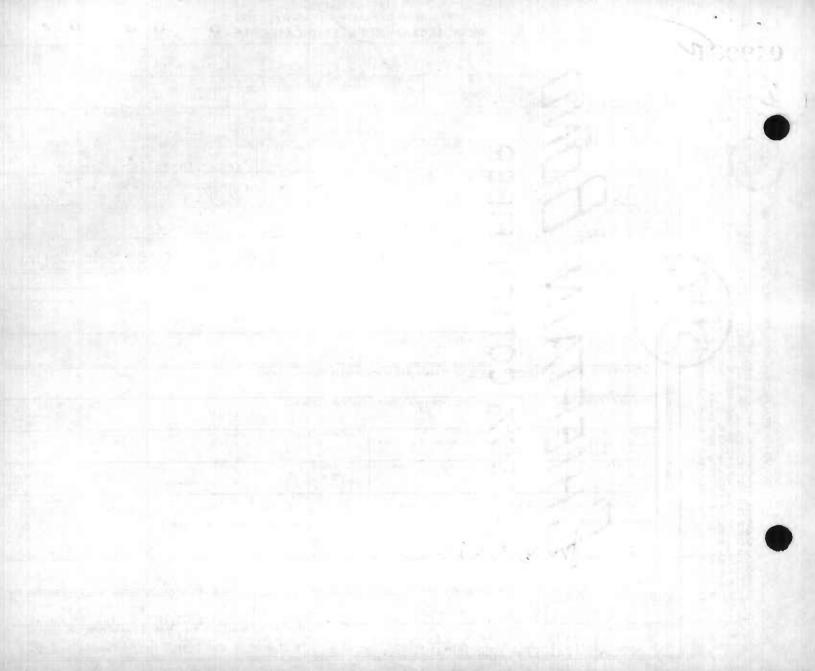
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Paralle A.A. aller comment of the co

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE REGISTRAR CECEASED NAME 20 DATE KNOWNXT (TYPE OR PRINT) ESTI-DEATH MATED MARK O'BRIEN 19 86 10 DATE OF BIRTH 4. RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 5:40 Nov.24,1962 23 Male White DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Baltimore, Md. WIDOWED DIVORCED Anne Arundel County ILLITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Carpet Installer Annapolis Anne Arundel General Hospital Carpet UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESSCape St. Clair 130. STATE 13b. COUNTY NO [X 704 Mt. Auburn Drive 21400 AA Annapolis Md. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST O'Brien, Sr. Patricia Mary James WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS James O'Brien,8559 Pioneer Drive, Severn 218-74-7066 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR P.M. 2-10- 19 86 Self-inflicted. CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM FIC 1 WHILE AT WORK 704 Mt. Albon Dr., Cape St. Claire, home MD Anne Arundel 270 I certify that I took charge of the remains described above, held an and in my apinian Suicide X Hamicide \_\_\_ death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 2-11-86 SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 0 230 BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 13 Feb. 86 Glen Haven Mem. Park Glen Burnie Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) James S. Kirklev. Glen Burnie, Md.



| OCWOOD.   |  |  |  |                           | OF MARYLAND                                  |                   |                          |  |                        |
|---|--|--|--|---------------------------|--|-------------------|--------------------------|--|------------------------|
| 057093  | FOR<br>STATE<br>REGISTRAR                  |  | DEP                                      |                           | ALTH AND MENTAL<br>CATE OF DEATH             | HYGIENE 6         | 0                        | 3 4 6  | .t.                    |
| 1 75 K  | 1. DECEASED NAME<br>(TYPE OR PRINT)        | FIRST  | MEDDLE                                   | LAS                       | -1-  | 2a. DATE O        | 1.1                      | DAY YEAR 26  | HOUR                   |
| 4 moy<br>on pog<br>other de   | 1.56X                                      | Planche A RACE   | · I                                      | S. DATE OF                | DAY YEAR                                     | 6. AGE (INV       | EARS LAST BIRTHDAY)      | IF UNDER 1 YEAR IF I   | UNDER 24 HRS DURS MIN. |
| A 11/0/   | 7a BIRTHPLACE (STA                         | TE OR FOREIGN 76. CITIZ  | EN OF WHAT COUN                          | TRY? 8 MARRIED            | 16, 190  NEVER MARRIED                       | 9 BALTIMO         | RE CITY OR COUN          |  |                        |
| 10  | North Ca                                   |  |  | WIDOWED<br>URSING HOME OR |  | 120 USUAL         | OCCUPATION               | 12b. KIND OF BU  | MD.                    |
| 1 1 1 2   | Annapo                                     |  | OT IN SUCH FACILITY, GIVE                |                           | cent Cent                                    |                   | r for most of working    | Teach  |                        |
| AND 22 PARTY OF THE PARTY OF TH    | N. Carolin                                 | 136 COUNTY   | 13c. CITY OF                             | rta                       | 13d. INSIDE CITY LIMI<br>YES \( \text{NO} \) | Kur               | ADDRESS / ZIP CO         | 615999   | 999                    |
| MARY!   | 14 FATHER'S NAME<br>FIRST                  | MODIE  | T IAS                                    | ies                       | 15. MOTHER'S MAIDE                           | N NAME            | WIDDIE                   | Fende  | V                      |
| Sept.   | 16a WAS DECEASED B                         | VER IN U.S. ARMED FOR  | RCES? 166 SOCIAL                         |                           | GUSSI  | e Joine           | ADDRESTO                 |  | m Rd<br>21401          |
|   | 18 CAUSE OF E<br>PART I. DEA               | DEATH (Enter only one co<br>TH WAS CAUSED BY:<br>IMMEDIATE CAUSE |  | EBEAL                     |  | m Bos.            |                          | APPROXIMATI<br>BETWEEN ONSE                                  | INTERVAL<br>YAND DEATH |
| STON 5<br>tending<br>a corbo<br>on or or<br>umatic  | Conditions, if                             |  | TO, OR AS A CON                          | SEQUENCE OF               |  |                   |                          |  |                        |
| N. PRE<br>bot the d<br>by the a<br>discreman  | gave rise to<br>cause (a),<br>underlying c | immediate<br>stating The DUE                                     | TO, OR AS A CON                          | SEQUENCE OF               |  |                   |                          |  |                        |
| RDS, 20<br>requires it<br>replied<br>to burso<br>rejury, or   | PART 2 OTHER                               | SIGNIFICANT CONDITION  | ONS CONTRIBUTING                         | REILIA                    | OT RELATED TO THE                            | TERMINAL DISEAS   | E OR CONDITION (         | GIVEN IN PART 1(a)   |                        |
| NAME OF THE PARTY     | 19a DATE OF OF                             | ERATION 19b.   | CONDITION FOR W                          | HICH OPERATION            | WAS PERFORMED                                | 20a. AUTO         | IN CER                   | YES, WERE FINDINGS<br>TIFYING CAUSES OF<br>YES \( \bigcap \) | USED<br>DEATH?         |
| OF VIII.  | OR CONTRIBUTING                            |  | TIME OF INJURY<br>DUR A.M. MONTH<br>P.M. | DAY YEAR                  | 21c. HOW INJURY OF                           | CCURRED (ENTER NA | TURE OF INJURY IN ITEM I | 8 PART I OR PART 2)  |                        |
| VISION<br>The bird on the bury and Mer bury and | 21d. INJURY OC                             | CURRED 21e. I  | PLACE OF INJURY                          |                           | 211. LOCATION<br>STREET                      | P                 | CITY OR TOWN             | COUNTY   | STATE                  |
| DO STATE OF     | 22a I certify the                          | (I) this hospital) often   | nded the deceased f                      |                           | that (1500) and an                           | S/ to             | 2/20                     | , 19 6, that   | (1) (we) last          |
| Off ATT  Off ATT  Off ECT  Off    | Sychatur                                   | e V (did) I did not) year th                                     | Adv after death                          |                           | SQHEE .                                      | 1                 |                          | 2h DAJE SIG  | es stated              |
| SPITAL d by the MERAL be discovered from TANK.  | THE PHYSICIAN                              | 5 Major June on Perrit   | och                                      | - Con                     | ATTENDI<br>PHYSICI<br>77e. ADDRESS           | AN DIRECTOR       | PHYSICIAN [              | 12/21/   | 86                     |
| of of the state of    | Page BURIAL, CREMATI                       |  | beck, m                                  |                           | 1616 For                                     | est Dri           | ve Anno                  | polis, mi  | 2                      |
| 999999  | BUCIZ<br>WEUNERAL DIRECTO                  | 2-   | 24-86                                    | ZIO                       | n Cemete                                     | ery Sp            | ZH2All                   | eghany//. G  | rolina                 |
| DHMH . 16 50M 4/83<br>(VRA 15, 4)   | NAME                                       |  | pel- And                                 | na mlis                   |  | FR 24 10          | 86 REG                   | SMAR'S GIGNATURE   | بالا                   |

Ellipsin Wandle Carpenne Tela 2019 86 topical state state stores? Monto Carollain USA Walley House Housell Homespolis Annagonis Convelsion Center Retried Teacher N. Carolina Allegion; Sparta x Nord 28675 James L. Joines Sallie surjoined de Jones 161/2 - 238 58 4386 Cussis James Hongarismosina A STORY OF THE STORY OF THE STORY Come Elograph served to syst of blow - Com x 300 & by subst Burnard 2-24-86 Zoon Cometary Sparta Allegray Marchael Chinesterpared lagrand largon trelpor

|   |  |                       |                       |            |                         |                       |                |                  |             | MARYLAN         |               |                   |                           |                |               |            |                |
|---|--|-----------------------|-----------------------|------------|-------------------------|-----------------------|----------------|------------------|-------------|-----------------|---------------|-------------------|---------------------------|----------------|---------------|------------|----------------|
|   | 044128   | 1-                    | FOR<br>STATE          |            |                         |                       |                |                  |             | H AND ME        |               | 6 3               | -                         | 0              | 3 3           | 6 :        | 5              |
|   | ONTE   |                       | REGISTRAR             |            |                         | ME                    |                | EXAMIN           | IER'S       | CERTIFIC        | CATEO         | DEAT              | 41                        | REG. NO        |               |            | ,              |
|   |  |                       | CEASED NAM            | E /        | FIRST                   |                       | WIDDLE         |                  | ,)          | LAST            |               | 20                | OF E                      | STI-           | HTMOM         | DAY YEAR   | 26 HOUR        |
|   | ASE<br>PRS<br>JRS<br>ET,   | -                     |                       | 10         | 44                      |                       |                |                  | Ow          | 645             |               |                   | DEATH M                   | ATED           | 2             | 2 186      | 1600           |
|   | STREET   | 3. SE)                |                       | 4. RACE    |                         | 5 DATE OF BIRTH       | YEAR           | 6 AGE (IN YE     | ARS IF UI   |                 | HOURS         |                   | DATE                      | D              | MONTH         | DAY YEAR   | 2d HOUR        |
|   | ON SOUR  | LAM                   |                       | BLA        | CK                      | 1 3                   | 25             |                  | RS.         |                 |               |                   | DEAD                      |                | 2             | 2 16       | 1812           |
| X | ESSARY, PLEASE RAL DIRECTOR. RYOUR FILES. THIN THOUSE RESTON STREET,   | ]# B<br>FC            | IRTHPLACE (S          | TATE OR    |                         | 76. CITIZEN OF WI     | HAT COUN       | VIRY?            | 8. MARR     | RIED XXNEV      | ER MARRIE     | D   9             | BALTIMOR                  | E CITY O       | RCOUNT        | Y OF DEATH |                |
|   | 325×   |                       | RYLAND                |            | 97                      | U.S.A.                |                |                  |             | WED 🗆           | DIVORCE       |                   | ANNE                      | ARUN           |               | OUNTY      | MD.            |
|   | (京都)   | D                     | ITY OR TOWN           |            | TH                      | TI NAME OF HOS        | CILITY, GIVE S | STREET ADDRESS)  |             |                 |               | 12a USUA<br>FORMO | LOCCUPAT<br>ST OF WORKING | TION (TYPE     | OF WORK       | OR INDUS   | USINESS<br>TRY |
|   | No.  |                       | NAPOLI                | _          |                         | ANNE AF               |                |                  |             | COSPITA         | AL            |                   |                           |                |               |            |                |
|   | 50450 V  |                       |                       |            | 13b COUNT               | OTHER INSTITUTION, GI | 130 CITY       | F BEFORE ADMISS  | ION)        | 134 INSIDE CIT  | TY LIMITS?    | T3e STREE         | T ADDRESS                 |                |               | 20         | 711            |
|   | AND AND HOULE  | MA                    | RYLAND                |            | A.A.                    |                       |                | TH IAN           |             | YES 🗌           | NO 🗆          | 5279              | Sand                      | s Ro           | ad            | 20         | ///            |
|   | MTH. IF PM 3. 40 2 SI VD 2 SI  | 14. F                 | ATHER'S NAM<br>EIRST  |            |                         | MIDDLE                |                | LAST             |             | 15. MOTHE       | R'S MAIDEN    | NAME              | MIDDI                     | LE             |               | LAST       |                |
|   | ORE, M<br>DEATH<br>CESTH<br>CAND<br>OF WAND  | 1                     | MASO                  |            | 4                       | OWE                   | -              |                  | 1-7         |                 | LIE           |                   | DSAL 8                    | WHI            | TTING         | TON        |                |
|   |  | /Y                    | WAS DECEASE           | D EVER     | THE YES GIVE V          | VAR OR DATES)         |                | CIAL SECURIT     |             | 17. INFORM      | LANT L        | othii             | lan, M                    | ary's          | and 2         | 0711       | 75.75          |
|   | RS AFTER DEA' RS AFTER DEA' S. GIVE PAGES WITH FORM P PAGES I AN DIVISION OF   | YE                    | S                     |            | W.W                     | .II                   | 216            | 5-18-6           | 358         | IRENE           |               | S 52              | 9 San                     | ds R           | oad           |            | 24-14          |
|   | ST., B<br>COURS<br>NIT. F<br>MIT. F  |                       | 18 CAUSE C            | F DEATH    | H (Enter an)            | y ane couse per line  | for (o), (b    | ), ond (c).)     |             | ,               |               |                   |                           |                | -             | BETWEEN ON | TE INTERVAL    |
|   |  | 13                    | PARTIDI               | LAID W     |                         | E CAUSE (o)           | Car            | dial             | an          | my              | - 1>          | 1/                | -                         |                | u le          |            |                |
|   | S ZZ Y S Y Y   |                       |                       |            |                         | DUE TO, OR            | AS A COI       | NSEQUENCE        | OF .        | . ~ .           | <u> </u>      |                   |                           |                | one           |            |                |
|   | W. PRESTON WITHIN 24 FOUTH IN ITEM WINER ALON TRANSIT PER ENTAL HYGIEL OR REMOVA   |                       | gove r                | ise to     | iny, which<br>immediate | (b)                   |                | 1-               | 154         | 11) 0           | c (t          | + +               | -                         | 8              | -             | 10.        |                |
|   | 201 W. PRI<br>UTED WITH<br>IN PENCIL<br>EXAMINER<br>IAL-TRANS<br>O MENTAL PON, OR REA  |                       | couse (o<br>lying car |            | the <u>under-</u>       | DUE TO, OR            | AS A CO        | NSEQUENCE        | OF          |                 |               |                   |                           |                |               | 13.70      |                |
|   | は ひこ コピラご  | 1                     |                       |            |                         | (c)                   |                |                  |             |                 |               |                   |                           |                |               |            |                |
|   | PA BEL   | 7                     | PART 2 OTHER S        | IGNIFICANT | CONDITIONS C            | ONTRIBUTING TO DEATH  | BUT NOT REL    | ATED TO THE TERM | AINAL DISEA | SE OR CONDITION | GIVEN IN PART | 1 (6).            |                           |                |               |            |                |
|   | RECORDS,  ID BE EXEC PENDING" MEDICAL D AS A BUF HEALTH AN CREMATI   | MEDICAL CERTIFICATION | 19s. DATE OF          | ODEDA      | TION                    | Tim cours             |                | Linusii onsi     |             | WAS PERFORA     |               |                   |                           |                |               |            |                |
|   | SHOULD<br>OND "PE<br>CHIEF A<br>E USED A<br>LOF HE<br>URIAL, O   | Ĭ,                    | 198. DATE OF          | PERA       | IION                    | 196. CONDI            | ION FOR        | WHICH OPE        | CATION V    | WAS PERFOR      | MED?          |                   |                           |                |               | 20 AUTOPS  | Y?             |
|   | DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." RIDED TO THE CHIEF ES 3 SHOULD BE USE ES 2 SHOULD BE USE OF THE WORD OF | RT                    | 21a EXTERN            | AL CAUS    | FWAS                    | 21b. TIME OI          | INTURY         |                  | 1 21c H     | OW INJURY       | OCCUBBED      | . ENTERNA         | TUBE OF INJURY            | ( IN LATE 18 0 | 14BF 1 OB 54B | YES .      | NO             |
|   | PICATE WITHE WATCH   | I C                   | UNDERLYING            | 3 00       | OR.                     | HOUR A.M              | . MONTH        |                  |             | IOW IIVJORT     | OCCURRED      | (EMEKIAN          | TORE OF INJURY            | IN HEM 10 P    | ARI I OR PAR  | 1 2)       |                |
|   | ISION<br>FERTIFIE<br>TO TO TO TO SHOP<br>FEPAR<br>PRIOR  | 20                    | CONTRIBUT             |            |                         | P.M                   |                | 19<br>( (ATHOME  | 211 10      | OCATION         |               |                   |                           |                |               |            |                |
|   | S CE<br>RDEC<br>SE 3<br>C D P  | ME                    | WHILE                 | NOT        | WHILE [                 |                       | ORY, FARM, I   |                  |             | STREET          |               |                   | CITY OR TOWN              |                | cou           | NTY        | STATE          |
|   | DIVISION OF VITAL REGINEES: THIS CRETIFICATE SHOULD INCATE, WRITING THE WORD "PENE FORWARDED TO THE CHIEF ME FORWARDED TO THE CHIEF ME THOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIGR TO BURIAL, CLAND, 21201 PRIGR TO BU | -                     | AT WORK               | ATW        | ORK                     |                       |                |                  |             |                 |               | 5                 |                           | _              |               |            |                |
|   | EXAMINER:<br>CERTIFICATE<br>BUID BE FOR:<br>DIRECTOR:<br>(, WITH THE S   | 100                   | 22a I cert            | ify that I | tack charge             | of the remains des    | cribed ob      | ove, held on     | Autop       | psy L.          | Inspection    | TX.               | Inquiry _                 | J, one         | d in my opi   | nion       |                |
|   | EXAMINER: CERTIFICATION DID BE FOR DIRECTOR: WITH THE: ARRYLAND  | 100                   | death result          | red from   | Nature                  | al causes             | Accident       | L, S             | icide       | , Hamici        | ide           | Undeter           | mined mann                | er .           |               |            |                |
|   | A SECTION OF THE SECT |                       | ACTUAL                | (          |                         | 51                    | 1              |                  |             | TITLE (SF       | PECIFY)       |                   |                           |                | DATE          |            | 111            |
|   | SHOW SHOW  |                       | SIGNATURE             |            | 1-                      | - 100                 | nu             |                  | ^           | A.D             |               | MEDIC             | AL EXAMIN                 | ER             | SIGNE         | 1-1-       | 16             |
|   | S S S S S S S S S S S S S S S S S S S  |                       | EXAMINER'S            | NAME       |                         | 6 000                 |                | 4. 0             |             |                 |               |                   |                           |                |               |            |                |
|   | TO MEDICAL EXAMIN<br>EXECUTE THE CERTIFIC<br>PAGE 4 SHOULD BE PAGE 4 SHOULD BE PAGE A SHOULD BE PAGE A SHOULD BE PAGE OF TO PUNER DIRECTOR AFTER DEATH WITH THE BALLIMORE, MARYLAI   | 23a A                 | (TYPE OR PRI          |            | MOVAL 23                | b. DATE               | 23,            | NAME OF CE       | METERY      | ADDRESS 1       |               | 23d LOC           | ATION                     | · (n)          | OWNAV         |            | 21032          |
|   |  |                       | RIAL                  |            |                         | -6-1986               |                | IOSES C          |             |                 |               | -                 |                           |                | COUN          | TY         | STATE          |
|   | 07/84 BP   |                       | UNERAL DIREC          | CTOR       |                         | olis, Md              |                |                  | erro I      |                 | 25c. DATE RE  |                   | EGISTRAR                  | 25b. REGIS     | STRAR'S SI    | GNATURE Y  | and            |
|   | DHMH - 17<br>(VR A15 ME (5))   | W                     | TITTAM                | REF        |                         | SONS MORT             |                |                  |             |                 | FEB           | 10                | 1996                      | 11.            | Kinda         | . 20.      |                |
|   |  |                       |                       | رندساء     | ا عم در                 | DOME HOW              | UAKI,          | PA               |             |                 |               | - 0               | 1000                      |                | THE COL       | A- Markon  | 06             |

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hours ofter death. Page 4 may be 100 to 1 in by the funeral director, page 3 to 100 to

FOR DEPARTM

- STATE
REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

6 03467

|      |               | REGISTRA  |            |                       |                         |            |               |                   | REG. NO                    |                |                  | -           |           |
|------|---------------|---|------------|-----------------------|-------------------------|------------|---------------|-------------------|----------------------------|----------------|------------------|-------------|-----------|
|      |               | OR PRINT) EVO   | FIRST      | 1                     | "GIN"                   | P          | Ters          |                   | 20. DATE OF DEATH          | MONTH C        | 1 86             | 26 HO       | UR<br>2j- |
|      | 3 SE)         | (   |            | 4 RACE                |                         | 5. DATE C  |               |                   | 6 AGE (IN YEARS LAST BIR   |                | IF UNDER 1 YEA   |             |           |
|      |               | Female  |            | White                 |                         | MONTH<br>3 | 1 <b>YY</b>   | 11                | 74                         | YRS            | MONTHS DAYS      | MOURS       | AA IN.    |
|      |               | RTHPLACE (STATE OR FE   | OREIGN     | 76. CITIZEN OF        | WHAT COUNTRY?           | 8          | D NEVER M     | APPIED [          | 9 BALTIMORE CITY O         | 7.00           | OF DEATH         |             |           |
| 5    |               | Maryland  |            | U.S.                  |                         | WIDOWE     |               | ORCED             | Anne Aru                   | ndel (         | County           |             | MD.       |
| 1201 |               | TY OR TOWN OF DEA   | TH         |                       | HOSPITAL, NURSIN        |            | OR OTHER INST | ITUTION           | 120 USUAL OCCUPATION       |                |                  | OF BUSIN    | ESS OR    |
| us)  | 7             | Annapolis   |            |                       | Arundel C               |            | Hosp.         |                   | Waitress                   | P WORKING LIP  |                  | auran       | t         |
| -    | JUSU/         | AL RESIDENCE (IF NURSI  | NG HOME OF |                       | GIVE RESIDENCE BEFORE   |            | 13d INSIDE CI | TV I IMATES       | 13e STREET ADDRESS /       | 710 CODE       |                  |             |           |
| 5    | Mo            |   |            | rundel                | Annapo                  |            | YES           | NO [              | 130 Hea                    |                |                  | 2140        | 1         |
|      |               | THER'S NAME   |            |                       |                         |            | 15 MOTHER'S   |                   |                            | 11/            |                  |             |           |
| 1    |               | John  | A.         | WIDDLE                | Shade                   |            | Susa          |                   | V.                         |                | McClin           |             |           |
|      |               | VAS DECEASED EVER !   |            | MED FORCES?           | 166 SOCIAL SECU         | RITY NO.   | 17 INFORMAL   | NI                | ADDRE                      | ss 4400        | 0 Mead           | owc1i       | ff Rd     |
|      |               | No  |            |                       | 215-03-9                | 363        | Ms.           | Eva Ti            | mchula G1                  | en Arr         | m, Md.           |             |           |
|      |               | 18 CAUSE OF DEATH   |            |                       | line for (a), (b), and  | die i,     | +             | 1                 |                            |                | BETWEE           | NIMATE INTE | D.DEATH   |
|      |               | PART I. DEATH W.  |            | D BY.<br>TE CAUSE (0) | Kes pi                  | w/sh       | y ta          | · lure            |                            |                | In               | mel         | ente      |
|      |               |   |            | DUE TO O              | R AS A CONSEQUE         | NCE OF     | /             |                   |                            |                | V                |             |           |
|      |               | Conditions, if ony,   |            | ( (b)_                | Seve                    |            | Em            | physe             | ma                         |                | /6               | 2ars        |           |
|      |               | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. |            |                       |                         |            |               |                   |                            |                |                  |             |           |
|      |               | underlying couse  | lost.      | (c)_                  |                         | 200        |               | 11-25-54          |                            |                |                  |             |           |
|      | NO            | 1 1/2-1   | Dabla      | CONDITIONS CO         | ONTRIBUTING TO D        | DEATH BUT  | NOT RELATED   | TO THE TERM       | Diabate                    | DITION GIV     | EN IN PART       | lia         |           |
| 1    | CERTIFICATION | 190 DATE OF OPERAT  | ION        | 196 COND              | ITION FOR WHICH         | OPERATIO   | N WAS PERFOR  | RMED              | 200 AUTOPSY?               |                | WERE FIND        |             |           |
| 7    | TIFIC         |   |            |                       |                         |            |               |                   | YES NO                     | YE             | YING CAUSE       | NO [        |           |
| T    | CER           | 21a. ACCIDENT WAS UND   | _          |                       |                         | VE AD      | 21¢ HOW IN.   | URY OCCURR        | RED (ENTER NATURE OF INJUS | Y IN ITEM 18 P | ART 1 OR PART 2) | 77          |           |
| 1    |               | OR CONTRIBUTING C   |            |                       | m. Month da<br>m        | 19         |               |                   |                            |                |                  |             |           |
| /    | MEDICAL       | 214 INJURY OCCURR   |            | 21e PLACE             | OF INJURY               |            | 211 LOCATIO   | N                 | CITY OR TO                 | 4/6.1          | COUNTY           |             | STATE     |
|      | ×             | WHILE NOT WH  | ILE        | (AT HOME STR          | REET, FACTORY, OFFICE F | ARM, ETC ) | SIRECT        |                   | CITORIO                    |                | 2007411          |             | JIAIC     |
|      |               | 220 I certify that (I)  | 77         | tol) ottended th      | e deceased from_        |            |               | 19.82             | 10 2/9                     |                | 19.86            | , that (b)  | (we) lost |
|      |               | sow the desease<br>obove/(1) (ver) d  | d olme on  | 4/4                   | 19 8                    | T 01       | nd that my my | our) opinion o    | death occurred on the de   | te and hou     | ond from th      | ie couses s | toted     |
|      |               | 22b. SIGNATURE  | ia (ala no | IT VIEW THEY DOGY     | offer deoffi.           |            | DEGHE!        |                   |                            |                | 22c. DA1         | E SIGNED    | )         |
|      |               | hushil  | IFN        | Ul In                 | Crem                    | m          |               | TTENDING HYSICIAN | MEDICAL STAP               | FIANT          | 12/              | 11 87       |           |
|      |               | THE PHYSICIAN'S NA  | ME TYPE C  | OR PRINT)             | 11                      |            | 22e ADDRESS   |                   | 1 .0                       |                | 1/               | 1           |           |
|      |               | 1 JOJ 8   | phi        | 1. Frie               | w                       |            | 205           | Rolg              | iely Hn                    | nogo           | lis.             | 14.         |           |
|      |               | URIAL, CREMATION,   |            | 23b. DATE             |                         | NAME OF C  | EMETERY OR C  | REMATORY          | 23d LOCATION               |                | COUNTY           |             | STATE     |
|      |               | Remova  | 1          | 2/4/                  | 86                      |            |               |                   |                            |                |                  |             |           |
|      | 24. FL        | JNERAL DIRECTOR   |            |                       |                         |            |               | 250 DATI          | E REC'D. 8Y REGISTRAR      | 25h REGIST     | RAR'S SIGNA      | ATURE       |           |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

BP.

IMPORTANT: If He

Anatomy Board

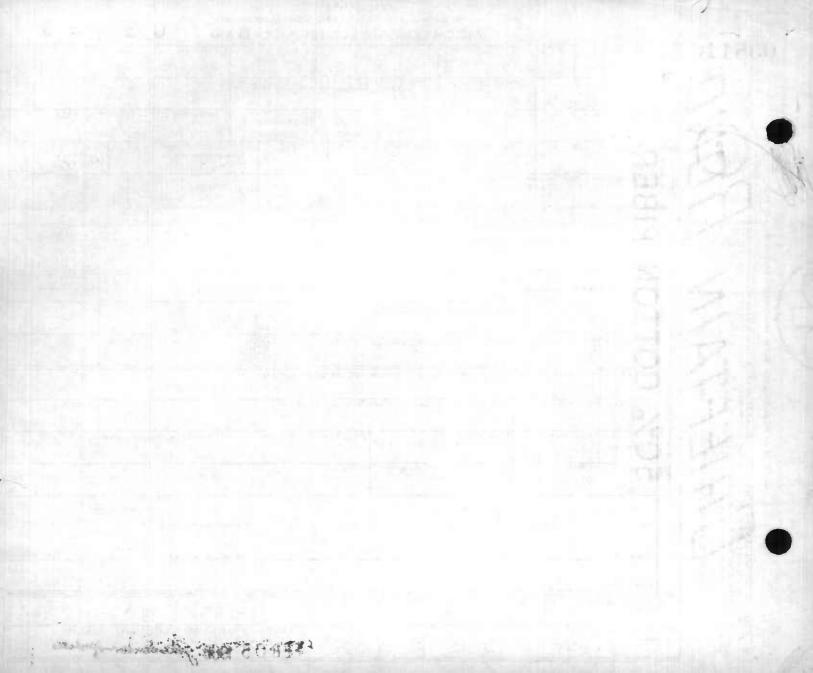
Balto., Md.

FR 13 1986

Julia Varidon Pandese

Items 19-22a 3/21/86 min DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR 038116 . DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-OF DEATH MATED 19 86 WILLIAM 4 RACE 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. S DATE OF BIRTH IF UNDER 24 HRS 2c. DATE DAY LAST BIRTHDAY) PRONOUNCED male black 19 1958 27 DEAD 19 86 AN 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED V NEVER MARRIED FOREIGN COUNTRY) N.C. U S Anne Arundel County WIDOWED DIVORCED 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION United Glen Burnie North Arundel Hospital Laborer SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21061 3a STATE 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 13b COUNTY 13c CITY OR TOWN Glen Burnie 65 Crain Court apt C 2 Md YES [ NO [X] 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE H. Phillips William Brend J. Barnette 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS Yes 216-72-4267 Geraldine Phillips 65 Crain Court Apt 10 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURIT YES K NO [ 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains described above, held an death resulted from: Natural causes & Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 21201 Ann M. Dixon, M.D. 111 Penn St., Balto., MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Md Burial 2/7/86 Garrison Forest Vet Owings Mills 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE William C. March F/H West 4300 Wabash Avenue DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND



DIVISION OF

(VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| REG NO |   |      |     |   |  |

|               | REGISTRAR  |  | CEKITI            | ICATE OF L         | JEAIN                 | REG. NO   | ).                             |              | IG.                   | 21   |
|---------------|--|--|-------------------|--------------------|-----------------------|---|--------------------------------|--------------|-----------------------|------|
|               | DECEASED NAME FIRST  | MIDDLE   | L                 | AST                | - 1                   | 20 DATE OF DEATH  |                                | YEAR         | 2h HOUR               |      |
| (1)           | YPE OR PRINT) WILLIAM  | ARTHUR   | POH               | LMAN               |                       | FEBRUA  | RY 15                          | , 1986       | 545                   | A    |
| -             | ex .   | 4 RACE   | S. DATE C         |                    | WE 4.0                | 6. AGE (IN YEARS LAST BIRT                                |                                | UNDER I YEAR | IF UNDER 24 H         | HRS. |
|               | Male   | White  | May               | 18                 | 1911                  | 74  |                                | NINS DATS    | HOURS IN              | 110. |
| 7a            | BIRTHPLACE (STATE OR FOREIGN COUNTRY)                          | 76. CITIZEN OF WHAT COUNTRY?   | 8<br>MADDIE       | D NEVER            | MARRIED T             | 9 BALTIMORE CITY OF                                       | _                              |              |                       |      |
|               | Illinois   | USA  | WIDOWE            |                    | VORCED [              | ANNE .  | ARUNDE                         | r conv       | LLA                   | MD.  |
| 10            | CITY OR TOWN OF DEATH  GLEN BURNIE                             | 11. NAME OF HOSPITAL, NURSIN<br>(IF NOT IN SUCH FACILITY GIVE STREET<br>NORTH ARUNDE | ADDRESSI<br>L HOS | PITAL              | NOITUTION             | 12d USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST OF<br>Driver | WORKING LIFE)                  | INDUSTRY     | OF BUSINESS           |      |
|               | UAL RESIDENCE (IF NURSING HOME OF                              | OTHER INSTITUTION GIVE RESIDENCE BEFORE  |                   | * 121 IL ICIDE C   | 177 11111700          | 13e STREET ADDRESS /                                      |                                | -6000        | 00                    | 200  |
|               | Illinois Coo   |  |                   | 138 INSIDE C       | NO V                  | 1145 S. Ar.   |                                |              | - / /                 | 771  |
| -             | FATHER'S NAME  | MIDDLE LAST  |                   |                    | S MAIDEN NAM          | ME  |                                |              |                       |      |
| 1             | Louis  | Pohlma   | n.                | Fried              | ela a                 | MIDDLE  |                                | Gr           | OSS                   |      |
| 16a           | WAS DECEASED EVER IN U.S. AF                                   |  | IRITY NO.         | 17 INFORMA         | (Day                  | ughter) ADDRE   | <sup>SS</sup> 11240            | Cherr        | v Hill                | R    |
|               | (YES, NO OR UNKNOWN) (IF YES, GI                               | ve war or dates) 320.16.   | 5735              | Mrs                |                       | L. Sinkoske   |                                |              |                       |      |
|               | T  | nly ane cause per line far (a), (b , an  |                   |                    |                       |   |                                | APPROX       | IMATE INTERVAL        |      |
| NO            |  | DUE TO, OR AS A CONSEQUIOUS (c) CONDITIONS CONTRIBUTING TO                           |                   |                    | TO THE TERM           | 1   | DITION GIVEN                   | IN PART 1    | a                     | =    |
| CERTIFICATION | 19a DATE OF OPERATION  | 196 CONDITION FOR WHICH  | OPERATIO          | N WAS PERFO        | DRMED                 | 200 AUTOPSY?  | 20b. IF YES, V<br>IN CERTIFYIN | NG CAUSES    | NGS USED<br>OF DEATH? |      |
|               | OR CONTRIBUTION CAUSE OF DE                                    | HOUR A.M. MONTH D.   | AY YEAR           | 21c HOW IN         | JURY OCCURR           | RED (ENTER NATURE OF INJUR                                | Y IN ITEM 18 PART              | I OR PART 2) |                       | w    |
| MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK                   | 21e. PLACE OF INJURY<br>(AT HOME STREET FACTORY, OFFICE, F                           |                   | 211 LOCATH         | NC                    | CITY OR TOV   | VN                             | COUNTY       | STAT                  | Ė    |
|               | 22a I certify that (I) (this hasp<br>saw the deceased alive ar | ital) attended the deceased fram_  |                   | al about in (mu)   | ., 19                 | , ta<br>death accurred on the da                          |                                |              | that (I) (we)         |      |
|               | abave, (1) (we) (did) (did no                                  | at) view the bady after death  |                   |                    | (doi) apinian e       | death accorred an the da                                  | те апа наот а                  |              |                       |      |
|               | 22b. SIGNATURE   | 9  | 1                 |                    | ATTENDING PHYSICIAN D | MEDICAL STAF  |                                | 22 DATE      | 5/8-                  | 6    |
| 0             | 22d. PHYSICIAN'S NAME (TYPE                                    |  | 1                 | 22e ADDRES         | 7                     | 422 BALTIMO   | RE-ANN                         | APOLIS       | BLVD                  |      |
|               | DALJIT S.  | SAWNEY, M.D.   |                   |                    | GLEN BU               | RNIE, MARYL   | AND 21                         | 061.         |                       |      |
| 230           | BURIAL, CREMATION, REMOVAL                                     |  |                   | EMETERY OR         |                       | 23d LOCATION  |                                | COUNTY       | STATE                 | F    |
|               | Burial   |  |                   | ter Lut<br>h Cemet |                       | Schaumbi  |                                | look         | T11                   |      |

(VRA 15, 4)

14 FUNERAL DIRECTOR Devalts
Singleton Funeral Home Glen Burnie, Maryland

25 TA BREC DOBY REGISTRAR 25 REGISTRAR'S SIGNATURE

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| intinent         | Houseville     |            | fettiged out on                         | STATE OF THE STATE | , LM , -7 , 7 |
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| mas wife         | Hitter 4       |            |   |  |               |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 1 - STATE 044129 REGISTRAR REG. NO I. DECEASED NAME 70 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH IE UNDER 24 HRS DATE PRONOUNCED DEAD ZavBIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MARYLAND U.S.A. DIVORCED B. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION LTYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING (IFE) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST ANDOLE LAST ISAAC QUEEN ANNIE QUEEN T. PAGES 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Annapolis, Md. 21401 (YES, NO. OR UNKNOWN) W.W.I YES DOWNS 911 A Royal Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ( APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, MATION, OR REMOVAL. IMMEDIATE CAUSE (o Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEN DRIAL, CREMATION, C lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION CATE, VICTORIAL CONTROL OF THE CORRESPONDING BE USED A VICTOR STATE DEPARTMENT OF HEAT OF STATE DEPARTMENT OF HEAT CONTROL OF THE CONTROL OF 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 710. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM FIC 1 STREET CITY OR TOWN WHILE COUNTY STATE AT WORK NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGETER DEATH, WITH THE STARTIMORE, MARYLAND, 2 27a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my apinion Noturol couses X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICALEXAMINER EXAMINER'S NAME William P. Jone, M.D. 695 America Crt., Davidsonville, Md. 21035 73d. LOCATION 730 BURIAL, CREMATION REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY STATE 2-7-1986 PINELAWNMEM. PARK 07/84 BP Annapolis Annapolis, Md. 21401 25M 24 FUNERAL DIRECTOR FEB 1 0 1986 **DHMH - 17** WILLTAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5))

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| 049029   | 1-            | FOR<br>STATE<br>REGISTRAR  |                                   | DEPARTM             |            | CATE OF DEATH                                      | HYGIENE  | 6 REG. NO.                 | 0 3                | 4 /          | 3                                |
|--|---------------|--|-----------------------------------|---------------------|------------|--|----------|----------------------------|--------------------|--------------|----------------------------------|
| oge 3 deoth  | (TYP          | EASED NAME FIRST   |                                   | DLE                 | Ë          | adaj   |          | Ũ                          | Z O                | 6 86         | 723 M                            |
| age 4 ma<br>ector. po  | 3. SE         | emale  UHILAGI ISTATE OR FOREIGN   | Caucasi                           |                     | S. DATE O  | FBIRTH S   | ,        | GE (IN YEARS LAST BIRTH    | YRS.               | UNDER LYEAR  | IF UNDER 24 HRS                  |
| d formerol of  | A C           | IY OR TOWN OF DEATH  | 76 CITIZEN OF WH                  |                     | WIDOWE     | NEVER MARRIED DIVORCED ROTHER INSTITUTION          |          | ALTIMORE CITY OR<br>ANNS A | TRUL               | DEC          | MD. F BUSINESS OR                |
| ours often   | 14            | NUMPOLIS<br>LI RESIDENCE (IF NURSING HOME OF   | A.H.                              | E RESIDENCE BEFORE  | ADMISSION) | SP.  | (TV)     | SMEMAKE<br>SMEMAKE         | WORKING LIFE)      | INDUSTRY     | ME                               |
| thin 24 h  | IN FA         | THER'S NAME  | 7 (a.   130                       | LAST                |            | 13d. INSIDE CITY LIMITS YES NO  15 MOTHER'S MAIDEN | 7        | STREET ADDRESS / 1         | WOD:               |              | 21401                            |
| xecuted was comply ges 1 and dical to  |               | OBERT  VAS DECEASED EVER IN U.S. AR  | GR                                | SOCIALSECUE         |            | ROBEI  17 INFORMANT                                | RTK      | ADDRES                     |                    | PRIC         | 2                                |
| cote be exe<br>nysician and<br>appers. Page<br>ovol.   |               | 18 CAUSE OF DEATH (Enter or PART ), DEATH WAS CAUSE  | ly ane cause per line             | e for (a), (b), and |            | LOUIS  | NAS      | REWL O                     | 13                 | APPROXI      | MATE INTERVAL<br>DISET AND DEATH |
| N: The low requires that the death certifysician. rote has been signed by the attending ploosity permit. Then please remove corbany Hygiene prior to buriol, cremation, or remit8 stown any injury, or other troumatic eve |               | IMMEDIA  | E CAUSE (o)                       | TMA<br>S A CONSEQUE | W. 7       | on furni   |          | Old lane 12                | CRICII             |              |                                  |
|  | NOIT          | Canditions, if ony, which<br>gove rise to immediate<br>cause (a), stoting the<br>underlying cause last                           | DUE TO, OR A                      | S A CONSERVE        | the        | rosclu   | 0        |                            | ie i               |              |                                  |
|  |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |                                   |                     |            |  |          |                            |                    |              |                                  |
|  | CERTIFICATION | DATE OF OPERATION  D 2 104 - 86  | INTRAC                            | ENEBRA              |            | NYSM + Blue 1212 HOW INJURY OC                     | cal y    | ES NO                      | IN CERTIFYI<br>YES | WERE FINDIN  | OF DEATH?                        |
| HYSICIAN:<br>ding physics certifical<br>burial-tro<br>Mental Hy  | MEDICALC      | OR CONTRIBUTING CAUSE OF DEA   | HOUR A.M.<br>P.M.<br>21e PLACE OF | MONTH DA            | 19         | 211 LOCATION                                       | CORRED   |                            |                    | VS.          |                                  |
| VDING PH<br>I or otten<br>R: Affer th<br>use as the<br>lealth and<br>s marked (  | WE            | WHILE NOT WHILE AT WORK  220. I certify that (1) (this haspi   | tal) attended the d               |                     | 94         | STREET, 19   | 81       | to 2                       | , 15               | SCOUNTY .    | state<br>tha (1) (we) lost       |
| OR ATTER OR ATTER DIRECTOR Oched for Dept. of H H Hern 21 if   |               | saw the eceased alive on<br>abave (II) we (did) (did oo<br>22b. SIGNATURE  | yiew the body att                 | er death            |            | d that in (aur) apid<br>EGREE<br>ATTENDIN          | 70       | EDICAL STAFF               | e and haur c       | 22c. DATE    | SIGNED                           |
| TO HOSPITAL etoined by the TO FUNERAL should be determined to the Store with the Store IMPORTANT:  |               | 22d. PHYSICIAN'S NAME (TYPE O  | RPRINT) PL                        | im Im               | 0          | PHYSICIA<br>22e ADDRESS                            | IN DI    | RECTOR PHYSICIA            | A                  | -            | Mdrus                            |
| Od Odd AM  | 23a B         | URIAL, CREMATION, REMOVAL  | 23b. DATE /8                      |                     | AME OF CE  | METERY OR CREMATO                                  |          | 3d LOCATION                | 11/                | 900          | Non                              |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | 24gE1         | WERALDIRECTOR WERALDIRECTOR WERALDIRECTOR  | 1 CHAPS                           | al Afri             | NHA        |  | DATE REC | D. BY REGISTRAR 25         | E REGISTRA         | AR'S SIGNATU |                                  |

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DHMH - 16 60M 7 (VRA 15, 4)

|   | 1 -                | FOR<br>STATE<br>REGISTRAR  |  | DEPARTA  |                                    | EALTH AND MENTAL HYG<br>ICATE OF DEATH   | REG. N   | 0.   | 4, 1   |  |
|---|--------------------|--|--|--|------------------------------------|--|--|--|--|--|
| oge 3<br>deoth  |                    | ORPRINT) MYRT  | FIRST<br>A   | B  | RASI                               | MUSSEN   | 20. DATE OF DEATH<br>FEBRUA  | RY 1   | 1986 26 HO   |  |
| . pog   | 3. SEX             | (  | 4 RACE   |  | 5 DATE O                           |  | 6. AGE (IN YEARS LAST BIR  | RTHDAY) IF UNDE  | ERIYEAR IF UNDI  |  |
| 000   |                    | Female   | Car  | ucasian  | Sept.                              | 10, 1895 YEAR  | 90   | YRS  | DAYS HOURS   |  |
|   | 120                | RTHPLACE (STATE OR FOR COUNTRY)  |  | USA  11. NAME OF HOSPITAL, NURSIN  (IF NAME OF HOSPITAL)   |                                    | NEVER MARRIED DIVORCED   | 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY                      |  |  |  |
| COM.  | 10 CI              | GLEN BURN  | H 11. NA   |  |                                    | R OTHER INSTITUTION  | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Retired  Clerk |  |  |  |
| 1186  | 3a S               | TATE   | SHOME OR OTHER IN:   | 13c CITY OR TOW  | N                                  | 13d INSIDE CITY LIMITS? YES \( \text{NO } \text{NO } \text{XX}   | 13e STREET ADDRESS . 509 Revel   |  |  |  |
| een signed by the attending physician and completely sit. Their place is a state of completely sit. Their place is the second of semi-val.  In y injury, or ather traumatic event, the medical columns.   | _                  | THER'S NAME FIRST  | MIDDLE   | U. Fink  |                                    | 15. MOTHER'S MAIDEN NA/ FIRST Emma   | ME   | Castor   | LAST   |  |
|   |                    |  | U.S. ARMED FO<br>(IF YES, GIVE WAR OR  |  | 7.                                 | Frances R. F   | ADDRI  | Crofton,   |  |  |
|   |                    | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 310  196 DATE OF OPERATION  196, CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  206 IF YES, WERE FINDINGS USE   |  |  |                                    |  |  |  |  |  |
| oen signed 3<br>it. Then plea<br>itan to burnol<br>my injury, or a  | ATION              | Toyota seas  |  |  |                                    |  |  |  |  |  |
| has been signed ? I permit. Then plea eve prior to bursal pwogany injury, or t  | FICAT              | PART 2 OTHER SIGNIF  |  |  |                                    |  | 200 AUTOPSY?  YES NO SX  | 20b. IF YES, WERE  | E FINDINGS US  |  |
| enficials has been signed to<br>conficue permit. Then plea<br>chall it george plants burnol<br>rem. 18 thowards in lary, or a   | CAL CERTIFICATION  | Toyota seas  | DN 19b   |  | OPERATION                          |  | 20a AUTOPSY?  YES NO XX  | 20b. IF YES, WERE<br>IN CERTIFYING O   | E FINDINGS US<br>CAUSES OF DEA<br>NO   |  |
| otherway prystoen.  Its the buriel transfer perent. Then plead it and Marriel Migrace prior to buriel rived or Bern 18 Nowepary (njury, or i  | FICAT              | 19a DATE OF OPERATION TO THE PROPERTY OF THE P | DN 19b  RLYING   | CONDITION FOR WHICH  TIME OF INJURY OUR A.M. MONTH DA  | OPERATION<br>AY YEAR<br>19         | N WAS PERFORMED  | 20a AUTOPSY?  YES NO XX  | 206. IF YES, WERI<br>IN CERTIFYING<br>YES  | E FINDINGS US<br>CAUSES OF DEA<br>NO   |  |
| pool or chending physician.  CLOR, After this certificate hos been signed if the use as the businish trainit permit. Then plea of Mealth and Meetin Inspirate prior to burnal.  21 is marked or them IEMpowamy injury, or i   | CAL CERTIFICAT     | 19a DATE OF OPERATION  2]a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA)  21d INJURY OCCURRED  AT WORK NOTIFY MEDICA AT WORK  22a.‡ certify that (1) (1)   | TITYING 21b HOLEXAMINER)  D 21e (AT  | TIME OF INJURY OUR A.M. MONTH DA P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F  | OPERATION AY YEAR 19 ARM, ETC.)    | N WAS PERFORMED  21c HOW INJURY OCCURS 21f LOCATION  | 200 AUTOPSY?  YES NO EXECUTE NATURE OF INJU  CITY OR TO                      | 20b. IF YES, WERI<br>IN CERTIFYING<br>YES THE INTERNITY IN THE TENT IN T | E FINDINGS US<br>CAUSES OF DEA<br>NO<br>R PART 2)                            |  |
| A DIRECTOR After the certificate has been signed of detached for use on the burind training permit. Then plea fore Dept. of Health and Mental Mercece prior to burind. It: If them 21 is marked on Rem 18 how your injury, or it.   | CAL CERTIFICAT     | 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAI 21d INJURY OCCURRE) WALLE ALL WORK 22a. Certify that (1) (1) say the deceased above. (1) (WALTER) 22b SIGNATURE  | DN 19b  REYING   21b  USE OF DEATH LEXAMINER)  D 21e  (AT  this haspital) after alive an 11 (did not) view to 12 (did not) view to 13 (did not) view to 14 (did not) view to 14 (did not) view to 15 ( | CONDITION FOR WHICH  TIME OF INJURY OUR A.M. MONTH DA P.M.  PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F  | OPERATION AY YEAR 19 ARM. EIC)     | 216 HOW INJURY OCCURS 216 LOCATION STREET  219 Continued that in (my) (aur) opinion of the continued open continued on the c | YES NO NO NEED (ENTER NATURE OF INJU   | 20b. IF YES, WERI IN CERTIFYING OYES ON CO   | E FINDINGS US<br>CAUSES OF DEA<br>NO<br>R PART 2)                            |  |
| FUNERAL DIRECTOR. After the certificate has been signed to build be detached for use on the burst branch permit. Then pleas in the State Oper of Health and Mental Heaves prior to bursal OSTAN. If them 21 is marked on Bern 18 howevery injury, or a                    | CAL CERTIFICAT     | 216. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAI 21d INJURY OCCURRE) WHILE NOT WHILE AT WORK 270. Certify that (1) (1) Saw the deceased above, (1) (Westerdia 27b SIGNATURE 27d. PHYSICIAN'S NAM  | DN 19b  REYING   21b  USE OF DEATH  LEXAMINER)  D 21e  (AT  (AT  (Idid not) view to  AE (VPE OR PRINT)   | TIME OF INJURY OUR A.M. MONTH DA P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F  | OPERATION  AY YEAR  19  ARM. EIC.) | 216 HOW INJURY OCCURS  216 LOCATION STREET  217 LOCATION STREET  218 ATTENDING PHYSICIAN C 218 ADDRESS   | YES NO NO NEED (ENTER NATURE OF INJU   | 20b IF YES, WERINGERTIFYING YES DIRTINITEM 18 PART LOR OWN CO  | E FINDINGS US CAUSES OF DEANO RPART 2)  DUNTY  . that (II) irom the causes s |  |
| TO FUNERAL DIRECTOR. After this certificate has been righted to should be detached for we on the bornal training permit. Then pleas with the State Days of Health and Martial French principle to burnal LANDRIANT. If here 21 is marked or them 15 thownamy injury, or a | MEDICAL CERTIFICAL | 216. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAI 21d INJURY OCCURRE) WHILE NOT WHILE AT WORK 270. Certify that (1) (1) Saw the deceased above, (1) (Westerdia 27b SIGNATURE 27d. PHYSICIAN'S NAM  | DN 196  REYING 21b  HO  USE OF DEATH  LEXAMINER)  21c  (AT  Colive an  (I (did not) view to  ME VYPE OR PRINT)   | TIME OF INJURY OUR A.M. MONTH DA P.M.  PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F anded the deceased from the body after death.  CYRIAC, M.D. | OPERATION  AY YEAR  19  ARM, ETC.) | 216 HOW INJURY OCCURS  216 LOCATION STREET  217 LOCATION STREET  218 ATTENDING PHYSICIAN C 218 ADDRESS   | YES NO                                   | 20b IF YES, WERINGERTIFYING YES DIRTINITEM 18 PART LOR OWN CO  | E FINDINGS US CAUSES OF DEANO RPART 2)  DUNTY  . that (II) irom the causes s |  |

STATE OF MARYLAND

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|  |               |  |                        |                                      | STATE        | OF MARYLAND                 |                                  |                              | i co lea  |
|--|---------------|--|------------------------|--------------------------------------|--------------|-----------------------------|----------------------------------|------------------------------|---|
| 050089   | 1.            | FOR<br>STATE   |                        | DEPARTM                              |              | EALTH AND MENTAL HYG        | IENES 6                          | ) 3                          | 4 / 3   |
| 0317003  | /             | REGISTRAR  |                        |                                      | CERTIF       | ICATE OF DEATH              | REG. NO.                         |                              |   |
| me D   |               | CEASED NAME OR PRINT                                     | thryn "                | IDDLE                                | 0            | AST /                       | To DATE OF DEATH MON             | -                            | YEAR 26. HOUR   |
| deog deog  |               | XXXXXX   | ,                      | -,                                   |              | eich                        | 2                                | 8                            | 86 3:45 PM  |
| E de la  | 3. SEX        |  | 4. RACE                |                                      | 5. DATE C    |                             | 6 AGE IN YEARS LAST BIRTHDA      | MON1                         | NDER I YEAR IF UNDER 24 HRS   |
| ge 4<br>ector  |               | emale  | 1000                   | Caucasian                            | 12           | 22 34                       | 51                               | YRS                          | THE SALES INCOMES IN THE SALES |
| Por Pour   | 70. BI        | RTHPLACE (STATE OR FOREIGN                               | 76 CITIZEN OF V        | VHAT COUNTRY?                        | 8<br>MARRIEI | NEVER MARRIED               | 9 BALTIMORE CITY OR C            | OUNTY OF                     | DEATH   |
| nero nero  |               | issouri  | US                     | SA                                   | WIDOWE       |                             | Anne Arundel                     | L Coun                       | ity MD.   |
| the further d  | 10 CI         | TY OR TOWN OF DEATH                                      |                        | OSPITAL, NURSIN                      |              | R OTHER INSTITUTION         | 120 USUAL OCCUPATION             | DEKING HEET                  | 126 KIND OF BUSINESS OR   |
| To the part of   | A             | nnapolis   |                        |                                      |              | Hospital                    | Home maker                       | KKII4G (II E)                | own home  |
| Per Service  | USU/<br>13a S | AL RESIDENCE IN NURSING HOME OF                          | OTHER INSTITUTION      | GIVE RESIDENCE BEFORE                |              | 13d. INSIDE CITY LIMITS?    | 13. STREET ADDRESS / 711         | P CODE                       |   |
| 1 - E - E - E - E - E - E - E - E - E -  |               | ryland Anne  | Arundel                | Crownsvi                             | lle          | YES NO                      | 130 STREET ADDRESS / ZII         | Ls Hig                       | hway 21032  |
| etely sky  | 14 FA         | THER'S NAME  | MIDDLE                 | LAST                                 |              | 15 MOTHER'S MAIDEN NA       | WE                               |                              | 1407  |
| by mple  |               | Robert   | Moore                  | Wilmot                               |              | Kathryn                     | MIDDLE                           |                              | Roberts   |
| d co   | 160 V         | AS DECEASED EVER IN U.S. AF                              | MED FORCES?            | 166 SOCIAL SECUI                     | RITY NO.     | 17 INFORMANT                | 1003 Ger                         | erals                        | Highway   |
| n and medi   | (             | NO -   | = w w                  | 555-44-4                             | 184          | Ronald G. Re                | ich Crownsvi                     | lle.                         | MD 21032  |
| sicia<br>pers<br>al.   |               | 18 CAUSE OF DEATH (Enter o                               | nly one couse per l    | line for (a), (                      | A /          | . 2                         |                                  | Ī                            | APPROXIMATE INTERVAL<br>BETWEEN OASET AND DEATH   |
| phy<br>on po<br>emov   |               | PART I. DEATH WAS CAUSE<br>IMMEDIA                       | ED BY:<br>TE CAUSE (0) | 100                                  | Jaki         | ns orseas                   | e                                |                              | 16 grs.   |
| ding<br>arbc<br>arrc   |               | Acres 196  | DUE TO OR              | AS A CONSEQUE                        | NCE OF       |                             |                                  | TAG                          |   |
| death<br>offend<br>ave co<br>fian, c   |               | Conditions, if any, which                                | ( 1b)_                 |                                      |              |                             |                                  |                              |   |
| he he em   |               | gove rise to immediate cause (a), stating the            | DUE TO, OR             | AS A CONSEQUE                        | NCE OF       |                             |                                  |                              |   |
| that that the description of the |               | underlying couse lost                                    | (c)                    |                                      |              |                             |                                  |                              |   |
| 8 9 0 2  | _             | PART 2 OTHER SIGNIFICANT                                 | CONDITIONS CO          | NTRIBUTING TO D                      | EATH BUT     | NOT RELATED TO THE TERM     | INAL DISEASE OR CONDITI          | ON GIVEN I                   | IN PART 110   |
| require<br>t. Then<br>for to by  | CERTIFICATION |  |                        |                                      |              |                             |                                  |                              |   |
| faw<br>ermit<br>e prij   | CA            | 190. DATE OF OPERATION                                   | 195 CONDIT             | TION FOR WHICH                       | OPERATIO     | N WAS PERFORMED             | 200 AUTOPSY? 20                  | b. IF YES, WI<br>I CERTIFYIN | ERE FINDINGS USED<br>G CAUSES OF DEATH?   |
| The ician.   | RTIF          |  |                        |                                      |              |                             | YES NOT                          | YES [                        | NO [  |
| Z & O O T W  |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 110110 41              | INJURY<br>A. MONTH DA                | Y YEAR       | 21c HOW INJURY OCCURE       | RED (ENTER NATURE OF INJURY IN   | ITEM 18 PART 1               | OR PART 2)  |
| SIC ng cer cer trio  | MEDICAL       | LIF EITHER NOTIFY MEDICAL EXAMINE                        | R) P.A                 |                                      | 19           |                             |                                  |                              |   |
| PHY<br>endi<br>this<br>he bi<br>nd M   | MED           | THE INJURY OCCURRED                                      | 21e. PLACE C           | DE INJURY<br>Et, factory, office, fa | RM, Etc.     | 211 LOCATION                | CITY OR TOWN                     |                              | COUNTY STATE  |
| ING<br>After<br>as t<br>ith a  |               | AT HORE AL WORK  |                        |                                      |              | 1/12 -5/                    | 2/                               | 2 1                          | <u> </u>  |
| SEND<br>olo<br>olo<br>OR: J<br>r use<br>is n   |               | 270.1 certify that III this hosp sow the decrard after a | (fal) affended the     | de oked from                         | 2            | 19.76                       |                                  | 19/4                         | , that (I) (we) lost  |
| ATH<br>Ospire<br>d for<br>d for<br>m 2.1   |               | good (i) (we) (did ) gid to                              | the wiew the budy      | after death.                         |              | d hat in (my) (our) opinion | death occurred on the date of    | and hour one                 |   |
| OK<br>he he h<br>oche<br>oche<br>Dep   |               | 276 SIGNATURE  | tunk                   | 11/-                                 |              | DEGREE ATTENDING            | MEDICAL STAFF                    | . 6                          | 22c. DATE SIGNED  |
| 4OSPITAL ned by th FUNERAL uld be detern the Stote ORTANT:   |               | 22d, PHYSICIAN'S NAME (TYPE)                             | TIAIRO PO              |                                      |              | PHYSICIAN 22e ADDRESS       | MEDICAL STAFF DIRECTOR PHYSICIAN |                              | 2/1/6-  |
| O HOSPITAL etarined by t TO FUNERAL should be det with the State   |               |  |                        | 1- M D                               |              |                             | Q11 A                            | . 7.1                        | 100 021.02  |
| FO HOSPIT<br>etained by<br>TO FUNER<br>should be a<br>with the Sti   | -             | Dr. Stuart E.  |                        |                                      |              |                             | Street Annag                     | OLIS,                        | MD 21401  |
|  | (             | URIAL, CREMATION, REMOVAL                                |                        |                                      |              | EMETERY OR CREMATORY        | 23d LOCATION<br>CITY OR TOWN     |                              | DUNTY STATE   |
| BP   |               | Cremation INERAL DIRECTOR                                |                        |                                      |              | litan Cremato               | ry Alexandria                    | Fai                          | rfax, Virginia  |
| DHMH - 16 60M 7/84   |               | NAME DECK  | 141400                 | 6000 Ann                             | apoli        | o moad                      | EB 14 1006                       |                              |   |
| (VRA 15, 4)  | Bea           | all Funeral Hon  | ie I                   | Bowie, MD                            | 207          | 15-3043                     | EB 14 1986                       | , where                      | william Adaptable   |

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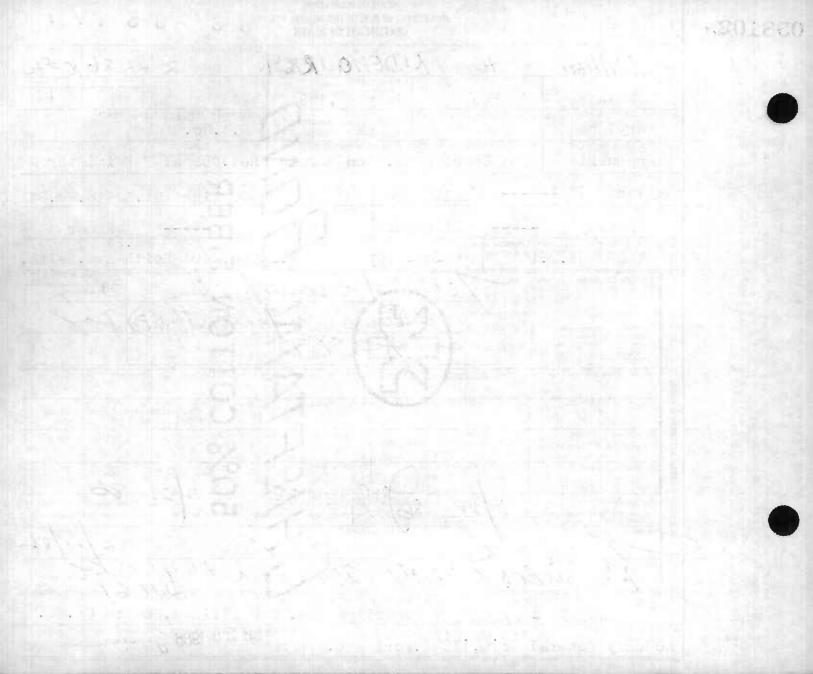
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abstract . while . aktioned a grant of the Martine . The state of the same of the state of the s per in the contract of the con

| 050                 | 114  | 1.            | FOR<br>STATE<br>REGISTRAR                                 |                                | DE  | PARTMENT OF H            | OF MARYLAND EALTH AND MENTA ICATE OF DEATH | 2.3          | 0   | 0 3                      | 47                 | 5                              |
|---------------------|--|---------------|---|--------------------------------|---|--------------------------|--|--------------|---|--------------------------|--------------------|--------------------------------|
|                     |  |               | CEASED NAME   | FIRST                          | MIDDLE  |                          | AST  | 20. [        | REG. NO   |                          | DAY YEAR           | 2b HOUR                        |
| e o                 | deoth deoth  | (TYP          | OR PRINT)   | ames                           | C •   | Rho                      | des  |              |   | 2/13/                    | 186 .              | FEERL                          |
| e 4 mo              | s offer d  | 3. SE         | male  | 4. 1                           | caus.   | 5. DATE C                | 22 01                                      |              | GE (IN YEARS LAST BIRT                              | HDAY)                    | IF UNDER I YEAR    | IF UNDER 24 HRS.<br>HOURS MIN. |
| oth. Pog            | 72 hour  | 7a. B         | RTHPLACE (STATE OR F                                      | OREIGN 7b                      | U.S.A.  | INTRY? 8  MARRIE  WIDOWE | XXNEVER MARRIE                             | D            | Anne Ar   | R COUNTY                 | OF DEATH           |                                |
| HOFT                | The state of the s | 10 C          | othian  | TH 11.                         | NAME OF HOSPITAL, I                                 | NURSING HOME C           | R OTHER INSTITUTIO                         | N 12a        | USUAL OCCUPATE<br>E OF WORK FOR MOST OF<br>APINA OV |                          |                    | F BUSINESS OF<br>itime         |
| 6                   | 心图   | 130           | AL RESIDENCE (IF NURS STATE  Md. ATHER'S NAME             | 13b COUNTY A A                 |   |                          | 13d INSIDE CITY LIA<br>YES NO P            | <u> </u>     | STREET ADDRESS                                      | N Sha                    | 10/6<br>dy Sic     | de Rd.                         |
| 1                   | 到自分  |               | Charles   | Asa                            | ph Rhodes   | AST                      | Ada  | EIN INAME    | WIDDLE  |                          | Mil:               | len                            |
|                     | 11/17  |               | VAS DECEASED EVER<br>YES, NO OR UNKNOWN)                  |                                | D FORCES? 16b. SOCIA                                | -20-243                  | 17 INFORMANT                               | N N          | ADDRE   |                          |                    |                                |
| ote b               | sicion pers.   |               |   | H (Enter anly a                | ine cause per line far (a),<br>Y:                   |                          | Tuerma                                     | 1 IV •       | Rhodes s  | same                     | APPROXI<br>BETWEEN | MATE INTERVAL                  |
| entific             | op phy<br>remo   | 1             | PARTI. DEATH W  | IMMEDIATE C                    |   | pire tocy                | errest                                     |              |   |                          | 5                  | ucces                          |
| d to                | tendire<br>on, or<br>umatie  |               | Conditions, if any,                                       |                                | DUE TO, OR AS A CON                                 |                          |  |              |   |                          | 10.5               | 1                              |
| ot the de           | by the at<br>ase remanding<br>cremotic   |               | gave rise to imn<br>cause (a), statin<br>underlying cause | nediate<br>g the               | DUE TO, OR AS A CON                                 |                          | is design                                  | 41           |   |                          |                    |                                |
| quires #            | signed by<br>hen pleas<br>ta buriol,<br>njury, or o  | NO.           | PART 2 OTHER SIGN   | IIFICANT CON                   | NDITIONS CONTRIBUTION                               | NG TO DEATH BUT          | NOT RELATED TO THE                         | E TERMINAL   | DISEASE OR CONE                                     | DITION GIV               | EN IN PART 10      | )                              |
| he low re           | set permit.  giene prior shows any ii  | CERTIFICATION | 190. DATE OF OPERAT                                       | ION                            | 196 CONDITION FOR                                   | WHICH OPERATIO           | N WAS PERFORMED                            |              | B AUTÓPSY?  | 206. IF YES<br>IN CERTIF | , WERE FINDIN      | IGS USED<br>OF DEATH?          |
| CIAN: T             | certificate mial-transit ental Hygin tem 18 shall be shal |               | 21a. ACCIDENT WAS UND                                     | AUSE OF DEATH                  | 216. TIME OF INJURY<br>HOUR A.M. MONT               |                          | 21c. HOW INJURY O                          | OCCURRED (   | ENTER NATURE OF INJUR                               | Y IN ITEM IS P.          | ART I OR PART 2)   |                                |
| S PHYSK<br>trending | the burie<br>and Men   | MEDICAL       | (IF EITHER NOTIFY MEDIC  21d INJURY OCCURS  WHILE NOT WH  | ED                             | P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, | OFFICE, FARM, ETC.)      | 21f. LOCATION<br>STREET                    |              | CITY OR TO  | WN                       | COUNTY             | STATE                          |
| N o                 | R: Afte  |               | 220.1 certify that (1)                                    |                                | ottended the deceased                               | from                     |  |              | 0   |                          | 19                 | that (1) (we) los              |
| R ATTER             | DIRECTOR:<br>oched for us<br>Dept. of He<br>f Item 21 is   |               | saw the decease<br>above, (I) (we) (d<br>27b. SIGNATURE   | d alive an<br>ld) (did not) vi | ew the body ofter deoth                             |                          | d that in (my) (aur) as                    | pinian deoth | accurred on the da                                  | te and hour              |                    |                                |
| AL O                | - e e -  |               | Que   | i Bur                          | heam ?  |                          | ATTEND                                     | ING ME       | DICAL STAF  | F<br>IAN [               | 27c. DATE S        | 3-84                           |
| HOSPII              | DB# &  |               | 22d. PHYSICAN'S NA  |                                |   | 0                        | 22e. ADDRESS                               | ,            | 1   |                          |                    |                                |
| TO I                | of shape of  |               | URIAL, CREMATION,   | REMOVAL TO                     | Chanen, III.  | 23c NAME OF C            | METERY OR CREMAT                           | hades        | SILL RA   |                          |                    |                                |
| BP.                 |  |               | SPECIFY) Buri   |                                | 2/15/8  |                          | nont.                                      |              | Davidso   | onvil                    | COUNTY             | A. Md.                         |
| DHMH -<br>(VR       | 16 50M 1/81<br>A 15, 4)  | 24 F          | INFRAL DIRECTOR   |                                | 1 Home 12 AD  |                          | 25   | FFR          | D. BY REGISTRAR 4 1986                              | PENE D                   | AR'S SIGNATI       | Rideron.                       |
|                     |  |               | accord  | andia                          | - Home An   | n. Md.                   | 21401                                      |              | - 1000  | /                        |                    |                                |



Singleton Funeral Home, Glen Burnie, Md.

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

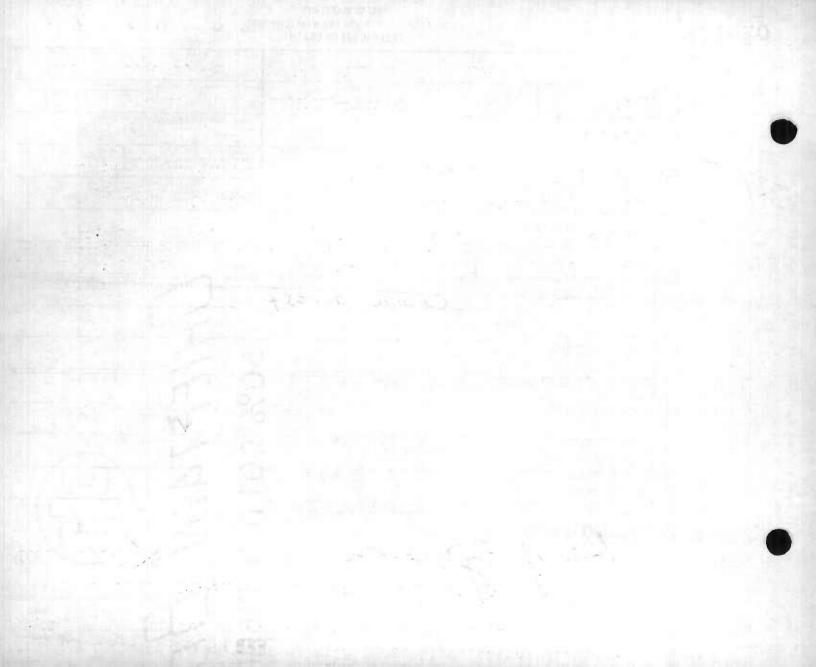
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

A CONTRACTOR OF THE PARTY OF TH

PER DA 1089

| 055138  | 1.             | FOR<br>STATE<br>REGISTRAR  | DEPA  | STATE OF MARYLAND<br>IRTMENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | IENE 5 0 3                                  | 479   |
|---|----------------|--|---|---|---|---|
| 1   |                | EASED NAME FROM  | WIDDLE  | LAST  | 26. DATE OF DEATH MONTH DA                  |   |
| 9 00  |                | NORMAN   | EARL  | SAMPSELL Sr.  | Feb 16, 1986                                | 1949 M  |
| e 4 mo  | 3. 5EX         | Male   | Cau   | September 17, 1908  | 77 YRS.                                     | ONTHS DAYS HOURS MIN.                             |
| 0 1 10000   |                | THPLACE (STATE OR FOREIGN  | 76 CITIZEN OF WHAT COUNT  • USA   | WIDOWED DIVORCED  | 9. BALTIMORE CITY OR COUNTY O               | H. MO.  |
|   |                | t Meade, MD  | 11. NAME OF HOSPITAL, NU<br>(IF NOT IN SUCH FACILITY, GIVES<br>KIMBROUGH ARM) |   | (179E OF WORK FOR MOST OF WORKING LIFE)     | 126. KIND OF BUSINESS OR INDUSTRY  US ARMY        |
| Sand be the   | ₩SUA<br>13a. S | L RESIDENCE (IF NURSING HOME OF  | OTHER INSTITUTION, GIVE RESIDENCE   | TOWN 13d. INSIDE CITY LIMITS?   | 13e. STREET ADDRESS<br>7880 Clark Road      | 20794   |
| MARYL<br>mpleteli<br>ond 2.s  | 14 FA          | THER'S NAME Arthur (   | Sampse Sampse   | ell Nellie  | May   | Sneltzer  |
| MORE, A   | 16s W          | VAS DECEASED EVER IN U.S. AF<br>ES NO OR UNKNOWN) 11F YES GIV<br>YES 1928  | rmed forces? 166. SOCIAL:<br>E WAR OF DATES) 213-34                           | security no. 17 informant Daugh   |   | Micosukee La<br>Beach, FL 33418                   |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MAR.  NG PHYSICIAN: The low requires that the death certificate be executed we attending physician.  The this certificate has been signed by the attending physician and cample as the burial-transit permit. Then please remove carbon papers. Pages I and the and Mental Hygiene prior to burial, cremation, or removal.  The shows any injury, or other traumatic event, the medical examples are also and the statements. | NON            | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   | DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)                          | EQUENCE OF  | MINAL DISEASE OR CONDITION GIVE             |   |
| he low recon to permit. I ene prior ene prior   | CERTIFICATION  | 19a DATE OF OPERATION  | 19b. CONDITION FOR W  | HICH OPERATION WAS PERFORMED  | YES NO YES                                  |   |
| PHYSICIAN: T anding physician bis certificate e burial-transi d Mental Hygi d at them 18 sh   | MEDICAL CER    | 216. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ OR CONTRIBUTING [ OR CONTRIBUTING [ OR CONTRIBUTION CONTRIBU | ATH HOUR A.M. MONTH   | DAY YEAR 19 211. LOCATION   | RED (ENTER NATURE OF INJURY IN ITEM 18, PA  | COUNTY STATE                                      |
| TENDI<br>or or use<br>or use<br>of Heal   | *              | saw the deceased alive a   | pital) attended the deceased final  | ram, 19, 19, 19, and that in (my) (aur) apinian                               | , ta, 1 death accurred an the date and hour | 9, that (I). (we) last and from the causes stated |
| 0 0 0 0 0   |                | 22d PHYSICIAN'S NAME ATVIS   | 1. 32V  | DEGREE ATTENDING PHYSICIAN 120. ADDRESS                                       | MEDICAL STAFF DIRECTOR PHYSICIAN            | 16 Feb 1986                                       |
| TO HOSPITAL retained by the TO FUNERAL should be det with the State with the MORTANI;   |                | CPT, MC (  | RONALD D. FU  |   | RMY HOSPITAL, FT N                          |   |
|   | 23a. (         | BURIAL, CREMATION, REMOVA  | 2-19-86   | Arlington Cem.  | Arlington                                   | COUNTY STATE Virginia                             |
| BP<br>DHMH - 16 25M<br>(VR A 15 (4) ) 9/74  | 24. F          | Burial UNERAL DIRECTOR NAME Hardesty   | Funeral Happy   | 25a. DA   |   | ALL SIENATURE PRODUCE                             |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

| 04902  | 1             | FOR<br>- STATE<br>REGISTRAR  | DEPARTMENT OF HEALTH AND MENTAL  CERTIFICATE OF DEATH  | HYGIENS 6 0 3 4 3 4  |
|--|---------------|--|--|--|
| 3 TE   | 14-D          | CEASED NAME SIRST  |  | 2 /10 /86 2 HOUR 2 /10 /86   |
| oge 4 ms<br>vector p   | 1.5           | Mahe   | PACE S. DATE OF BIRTH PAY YEAR 12 30 27  | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS MONTHS DAYS HOURS MIN.                               |
| death the state of all the states of all the state of all | 35            | MD.  | 6 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED  | - Harl arundel County MD.  |
| 1  | 1             | mapoles +  | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  AND CALLED AND COMMISSION  OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION   | 120 USUAL OCCUPATION  OPEG WORK FOR POST OF WORKING LIFE)  INDUSTRY  APINA   |
| 1  | 35            | TATE ND 13b. COUNT   | A. Severna Park YES NO ALL NO STATE NO ALL N | 38 W. JONES STATION Rd.  |
| 100  | 12/           | JOHN WE.   | Sley Sears Irene   | ADDRESS METER LAST   |
| to mod on the sea  | 7             | yes www  | I 213-22-2160 Edith,   | S. Sears # 13  |
| certificati<br>ng physic<br>boxpaper<br>removal<br>icevent, t  |               | PART I. DEATH WAS CAUSED  IMMEDIATE  | 10 CO. 1 - VV (CO 1 61 1 CO 1  | meellerz APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| hat the death<br>by the attend<br>are remove out<br>il. cremation, of<br>other traumat   |               | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost              | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  |  |
| equies 1<br>regned<br>Then ple<br>r to burst<br>injury, o  | NOI           | PART 2 OTHER SIGNIFICANT CO  | onditions <u>Contributing to death</u> but not related to the t  | ERMINAL DISEASE OR CONDITION GIVEN IN PART 11a   |
| The law  | CERTIFICATION | 19a DATE OF OPERATION  | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  | 200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sqrt{NO} \)  NO \( \sqrt{NO} \) |
| SECIAN<br>ng physic<br>certificat<br>certificat<br>certificat<br>mental Hyg<br>then 18 N   | MEDICAL CE    | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT.  (IF EITHER NOTIFY MEDICAL EXAMINER)           | P.M. 19  | CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  |
| After this of the bill and M   | MED           | 21d. INJURY OCCURRED  NOT WHILE AT WORK  | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM. ETC.) 21f. LOCATION STREET   | CITY OR TOWN COUNTY STATE  |
| hospital of hospital of hospital of head for use that of head for use the head  |               | 220.1 certify that (1) (this haspite saw the deceased alive an abave (1) we (did) (did nat) 22b. SIGNATURE | view the body after death.  DEGREE   | to   |
| OSPITAL (<br>ed by the<br>UNERAL C<br>dibe deto<br>the Store D<br>RTANT, #   | 1             | 22d. PHYSICIAN'S NAME (TYPEOR  | ATTENDINI PHYSICIAN PRINT) 27e ADDRESS  27e ADDRESS  | MEDICAL STAFF DIRECTOR PHYSICIAN   9/0/86  |
| TO THE PARTY OF TH | 230           | BURIAL, CREMATION JEMOVAL  | 23b. DAJE 23, NAME OF CEMETERY OR GREMATOR   | NS, HNNA POLIS, MP,  RY 23d LOCATION  COUNTY COUNTY  |
| BP   | 24            | DUPIA!   | 2/17/86 GIEN HAVEN CEME  | lenxitien Durnie H.H. M.   |

DHMH - 16 60M 7/B4 (VRA 15, 4)

12 30 27 11 22 28 ME A. K. Sewar Tak a 88 W. Januar Stephantel John WESTEY SEINS FINE VAN HEBER YEST THESE SHEEZE SHOTE ESTAIN ST. SCHOOLS HE LISTED The sale of the State of the State of the March 1972. " a net 2 117186 Blowtimen Comme the Burne Lite 192 Legiset resear Shippy (Longue des Piles

|  | /             |   |  | STATEO       | F MARYLAND                        |                             | as may                                       | 1 0                                   |
|--|---------------|---|--|--------------|-----------------------------------|-----------------------------|--|---------------------------------------|
| 041127   | 1.            | FOR<br>STATE<br>REGISTRAR   | DEPART   |              | LTH AND MENTAL HY<br>ATE OF DEATH | GIENES 6                    | 0 3 4  | 8                                     |
| 10   |               | EASED NAME FIRST  | WIDDLE   | LAST         | - 14 Jan                          | 20. DATE OF DEATH           | MONTH DAY YEAR                               | 26 HOUR                               |
| nay be<br>page 3   | 11116         | ALVIN   | Morris   | SERA         | STIAM                             |                             | 2-3-86                                       | M                                     |
| ma)  | 3. SE         | 4.  | RACE   | 5. DATE OF B | BIRTH                             | 6 AGE (IN YEARS LAST BIR    |  |                                       |
| s of   | 1             | nale 1  | White.   | Mar          | 24 1918                           | 107                         | WONTHS DAYS                                  | S HOURS MIN.                          |
| 0 01 1/1   | 7a BI         | RTHPLACE (STATE OR FOREIGN 76.                                    | CITIZEN OF WHAT COUNTRY?                                 | 8            | NEVER MARRIED                     | 9 BALTIMORE CITY O          | R COUNTY OF DEATH                            |                                       |
| the strain   | (1)           | Shington DC   | 1150   | WIDOWED      |                                   | Anne (                      | labourt                                      | CA. MD.                               |
| D # 1  | 10 C          | TY OR TOWN OF DEATH 11  | NAME OF HOSPITAL, NURSIN                                 | NG HOME OR   |                                   | 120 USUAL OCCUPATI          |  | OF BUSINESS OR                        |
| to so the sound of   | E             | nnapolis A  | OF HOUNGELLITY, GIVE STREET                              | Gener        | al Hospital                       | Self. Empl                  | 1 10   | 1 1                                   |
| h h  |               | L RESIDENCE (IF NURSING HOME OF OTH<br>TATE 13b. COUNTY           | CITY OR TOV  |              | INSIDECITY LIMITS?                | 134 STREET ADDRESS          | ZIP CODE 1 1                                 | 21491                                 |
| 2 1 2  | 4             | ID H'H  | · Hnnapa   |              | ES NO                             | 1302 DE                     | Hwood Co                                     | ourT                                  |
| with with d 2 s  | TA FA         | THER'S NAME   | DIE C LASI   | 15           | MOTHER'S MAIDEN N                 | AIDDLE                      |  | AST                                   |
| b d d d  | 1             | eugene D  | · Jehasti  | an           | Ilary                             | <u> </u>                    | Mosh   | euvel                                 |
| n and co   | 160 V         | VAS DECEASED EVER IN U.S. ARME<br>ES NO DROWNOWN) (IF YES, GIVE W | D FORCES? 16b SOCIAL SECT                                | JRITY NO. 17 | INFORMANT Q                       | ADDRE                       | 1 20   | ame as                                |
| be o   |               | NO -  | 518-01-  | XZIXII       | = velyn L                         | Illian Och                  |  | #13_                                  |
| ficate b<br>physicial<br>papers.<br>naval.<br>ent, the                                   |               | 18 CAUSE OF DEATH (Enter only of<br>PART I. DEATH WAS CAUSED B    | one cause per line for (a), (b), ar                      | nd ic        | 9                                 | /                           | APPRO<br>BETWEET                             | DXIMATE INTERVAL<br>N ONSET AND DEATH |
| rentifica<br>ng phys<br>banpap<br>remavo<br>c event,                                     |               | IMMEDIATE C   |  | CIC          | 0/199                             |                             |  |                                       |
| d o o o  |               | TALYDADA  | DUE TO, OR AS A CONSEQU                                  | ENCE OF      |                                   |                             |  |                                       |
| death<br>attend<br>ation, o  |               | Conditions, if any, which gave rise to immediate                  | (b) <u>arr</u> /   | JY+M         | 1/61                              |                             |  |                                       |
| the em   |               | couse (a), stating the  | DUE TO, OR AS A CONSEOU                                  | ENCE OF      | 1                                 |                             |  |                                       |
| ed by<br>please<br>rrial, cr   |               | underlying cause last.  | (c) (0-10)   | 2011         | ascery                            | alocal)                     | 2  |                                       |
| equires<br>signe<br>Then pl<br>to bury, o  | 2             | PART 2. OTHER SIGNIFICANT CON                                     | DITIONS CONTRIBUTING TO                                  | DEATH BUT NO | T RELATED TO THE TER              | RMINAL DISEASE OR CON       | DITION GIVEN IN PART                         | 110                                   |
| requestre articles   | CERTIFICATION | Emas  | de 38 resso  | u all        | sease                             |                             |  |                                       |
| low son son  | S             | 190 DATE OF OPERATION   | 196 CONDITION FOR WHICH                                  | OPERATION V  | VAS PERFORMED                     | 200 AUTOPSY?                | 206 IF YES, WERE FIND<br>IN CERTIFYING CAUSE | SINGS USED<br>ES OF DEATH?            |
| The cion.  | RT            |   |  |              |                                   | YES NO                      | YES  | NO 🗌                                  |
| SICIAN. The physicia physicia certificate hirial-transit ental Hygie ltem 18 sho         |               | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH       | 216. TIME OF INJURY<br>HOUR A.M. MONTH D                 | AY YEAR      | IC HOW INJURY OCCU                | JRRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART 1 OR PART 2)              |                                       |
|  | CA            | (IF EITHER NOTIFY MEDICAL EXAMINER)                               | P.M.   | 19           |                                   |                             |  |                                       |
| I 6 6 7 7 0 1  | MEDICAL       | 21d INJURY OCCURRED   | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE |              | II LOCATION<br>STREET             | CITY OR TO                  | OWN COUNTY                                   | STATE                                 |
| NG P<br>After the<br>as the<br>arked   |               | AT WORK   |  |              |                                   |                             |  |                                       |
| NS. Heal   |               | 220 I certify that @(this haspital) saw the deceased alive on     | ottended the deceased from 3                             |              | 1986                              |                             | . 19   | that (we) last                        |
| R ATTE<br>hospith<br>IRECTC<br>hed for<br>ept. of<br>tem 21                              |               | obave () (we) (did) (did not) v                                   |  |              |                                   | n death occurred on the de  |  |                                       |
| 0 4 0 00 -   |               | 27b. SIGNATURE  | tollmh   | DEC          | GREE ATTENDING                    | MEDICAL STAI                |  | TE SIGNED                             |
| RAL State  |               | (717-111110   | 100 1111   | To.          | PHYSICIAN                         | ☐ DIRECTOR ☐ PHYSIC         | IAN D  | 4 36                                  |
| TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I MPORTANT. If |               | 22d. PHYSICIAN'S NAME (TYPE OR PR                                 | mitchell   |              | 205 RU                            | 160/ PON                    | Anner  | 15 2/19                               |
| 5 f g g g  | 23a. f        | URIAL, CREMATION, REMOVAL   | 23b. DATE 23c  | NAME OF CEM  | ETERY OR CREMATORY                | 236 LOCATION                | 7  |                                       |
| BP   | (             | remotion  | ch4.1986 (   | "oday        | HIH                               | SUITIGN                     | 9 6.C  | MI                                    |
|  | 24 5          | INERAL DIRECTOR   | 7110   |              | 25a. Da                           | ATE REC'D. BY REGISTRAR     | 256. REGISTRAR'S SIGNA                       | ATURE                                 |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  | 10            | Mar Finenal   | Changla Has  | napoli       | SMIN F                            | EB 0 6 1986                 | 230. REGISTRAR S SIGNA                       | Natara                                |
|  |               | ALC: VIIII  | CIMPEL III   | HAKOII.      |                                   |                             | /  |                                       |

STATE OF MARYLAND

is a laborated and a second and Treatment to be about the later of the rest to be great and a strong would Fred book/120005 > Formal A File (71) Entransmission and a strain as it is a first of the Dan The brothers Water out O with the fourth mention Later and service and the later and the composite language of the company of the

| 128                    | 1.            | FOR<br>STATE<br>REGISTRAR  |               |                     | DEPART                | MENT OF HE   | OF MARYU<br>EALTH AND<br>ICATE OF | MENTAL HYG            | BIENES      | 6<br>REG, N                           | 0             | 3           | ., i             | 3 2                  |
|------------------------|---------------|--|---------------|---------------------|-----------------------|--------------|-----------------------------------|-----------------------|-------------|---------------------------------------|---------------|-------------|------------------|----------------------|
| 7                      |               | EASED NAME   | FIRST         | - 1                 | MIDDLE                | LA           | SI                                | E. F. L.              | 20 DATE O   | FDEATH                                | MONTH         | DAY         | YEAR             | 26. H9URO            |
| 0 0                    | ,             | S. 7 (111)   | LORETT        | ΓA                  | М.                    | SE           | ELYE                              |                       |             |                                       | 2             | 14 9        | 86               | 1 Ares               |
| 1                      | 3. SE)        |  | 7.5           | 4 RACE              |                       | 5 DATE O     |                                   | YEAD                  | 6. AGE IIN  | YEARS LAST BI                         | RTHDAY)       | IF UNDER    | DATE             | IF UNDER JA HRS      |
| 2                      |               | FEMALE   | 1334-         | WHI                 | TE                    | 5            | 1                                 | 1898                  |             | 87                                    | /RS           |             | DATS             | MIN.                 |
| 201                    | To 811        | OLINIENTE (STATE O   | R FOREIGN     | 76 CITIZEN OF       | WHAT COUNTRY          | 8<br>MADDIEC | NEVER                             | MARRIED -             | 9 BALTIMO   | ORE CITY O                            | OR COUN       | TY OF DE    | ATH              |                      |
| 22                     | M             | aryland  | MAG           | U.S.A               |                       | WIDOWE       | ۵                                 | IVORCED [             | Her         | w He                                  | me            | tel         |                  | MD.                  |
| 271                    | 10 CI         | TY OR TOWN OF D  | EATH          |                     | HOSPITAL, NURSI       |              | ROTHER INS                        | NOITUTION             |             | OCCUPAT                               |               |             | KIND OF<br>USTRY | BUSINESS OR          |
| 40                     |               | youde  | dis           | All Sandy St. S. S. | lis Conv              |              | nt Cer                            | nter                  |             | maker                                 |               |             |                  |                      |
| 2                      | 13a. S        | L RESIDENCE (IF NU   | RSING HOME OF |                     | GIVE RESIDENCE BEFOR  |              | 13d INSIDE                        | CITY LIMITS?          | 13e STREET  | ADDRESS                               | / 7IP COI     | DF          |                  |                      |
| 1                      | M             | aryland  |               |                     | Baltimo               |              | YES 😿                             | NO 🗌                  |             | S. C.                                 |               |             | et '             | 21230                |
| 300                    | M FA          | THER'S NAME  |               | MICICII E           | LAST                  |              | 15. MOTHER                        | 'S MAIDEN NA          | WE          | WIDDLE                                |               |             | LAST             |                      |
| 024                    | 1             | Joseph   |               |                     | Smith                 |              | N                                 | lary                  |             | · · · · · · · · · · · · · · · · · · · |               | D           | ean              |                      |
| n                      |               | AS DECEASED EVE  |               |                     | 166 SOCIAL SEC        | URITY NO.    | 17 INFORM                         | ANT                   |             | ADDR                                  | ESS           |             |                  |                      |
| 6                      | ()            | es, no or unknown)   | III AF2 CM    | E WAR OR DATES)     | 216-20-               | 0110         | Doris                             | Snyder                | 1005        | Hvde                                  | Park          | Dr.         | 21               | 403                  |
| ir ather traumatic eve |               | Conditions, if an gave rise to in cause (a), stolunderlying cau              | y, which      | DUE TO, OI          | R AS A CONSEOU        | wy           | log                               | The                   | sie         |                                       |               |             |                  |                      |
| July.                  | CERTIFICATION | PART 2 OTHER SIG   |               |                     | TION FOR WHICH        |              |                                   |                       | 200 AUT     |                                       | 20b. IF Y     | ES, WERE    | FINDING          | GS USED<br>OF DEATH? |
| 2/                     | RTIF          |  |               |                     |                       |              | 100                               |                       | YES 🗌       | NO                                    |               | YES 🗌       |                  | NO 🗌                 |
| 1                      | CAL           | 210. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY ME 21d. INJURY OCCU | CAUSE OF DEA  | HOUR A.             | M. MONTH D<br>M.      | AY YEAR      | 21c. HOW II                       | NJURY OCCUR           | RED (ENTERN | ATURE OF INJU                         | URY IN ITEM T | B PART I OR | PART 2)          |                      |
| 7                      | MEDI          | WHILE NOT Y  | VHILE         | (AT HOME STR        | EET, FACTORY, OFFICE, | FARM ETC )   | STREE                             |                       | 4           | CITY OR TO                            | 1A            | col         | UNIY             | STATE                |
| Marin Za na            |               | 220.1 certify that (<br>sow the dece<br>abave, (1) (see)<br>22b. 5           |               | it) view the body   |                       |              | DEGREE                            | ) (parl apinian       |             |                                       |               |             | om the co        |                      |
| 7                      |               | THE PHYSICIANTS  | 200           | De                  | 29                    |              | 22e ADORE                         | ATTENDING PHYSICIAN [ | MEDICAL     | STA<br>PHYSIC                         | PA            | 1           | 7/               | (D)                  |

Western Cemetery

23d LOCATION CITY OR TOWN Baltimore

250. DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

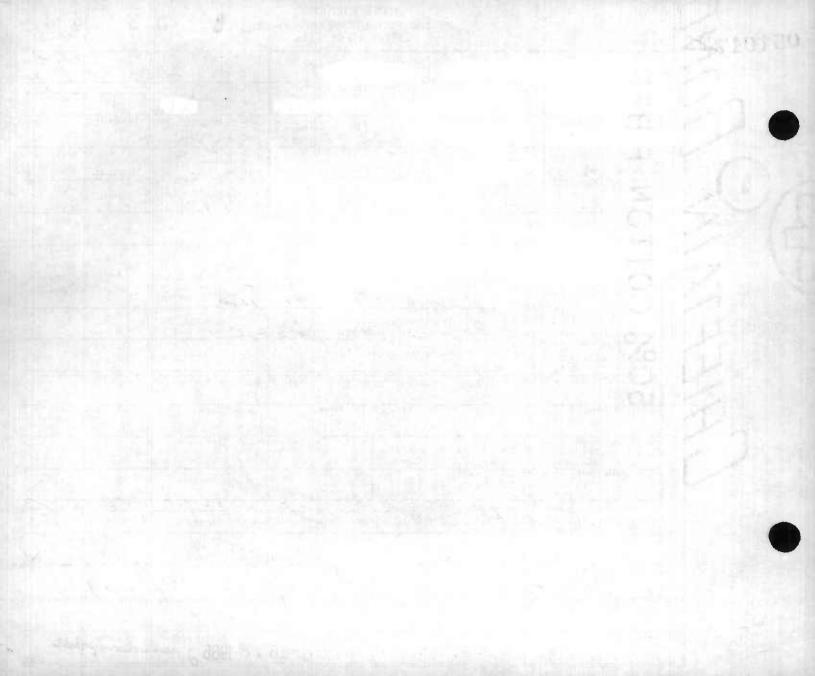
24 FUNERAL DIRECTOR

Burial

23b. DATE

2/17/86

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



| 0  |  |               |  |                         |   | STAT              | E OF MARYLAND               |                            |                      | -                                | ý                |
|--|--|---------------|--|-------------------------|---|-------------------|-----------------------------|----------------------------|----------------------|----------------------------------|------------------|
| 8  |  | 1.            | FOR<br>STATE   |                         | DEP                                     |                   | EALTH AND MENTAL HY         | GIENE                      | 0 3                  | 4 8 4                            | )                |
|  | 066176   |               | REGISTRAR  |                         |   | CERTIF            | ICATE OF DEATH              | REG. NO                    | ).                   |                                  |                  |
|  | 000210   |               | CEASED NAME FIRST                                      |                         | MIDDLE                                  |                   | AST                         | 20 DATE OF DEATH           | MONTH DAY            | YEAR 2b HOL                      |                  |
|  | ay be  |               | ) 0.   | hn                      | Frank                                   | Se                | llner                       |                            | 2-28-                | -84 4                            | 30 M             |
|  | mon pod  | 3. SE         | × 100  | 4. RACE                 | 1                                       | S. DATE C         | OF BIRTH                    | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNI         | DER I YEAR IF UNDER              | R 24 HRS<br>MIN. |
|  | rs of  |               | (r) ale  |                         | aucas                                   |                   | -2-99                       | 86                         | YRS                  |                                  |                  |
|  | Po Port  |               | RTHPLACE (STATE OR FOREIGN                             |                         | WHAT COUNT                              | AAADDIE           | D NEVER MARRIED             | 9 BALTIMORE CITY O         | R COUNTY OF E        | EATH                             |                  |
|  | nero<br>in 72  | Wa            | ashington, D.C.  | United                  | States                                  | WIDOWE            | DIVORCED [                  | Anne Arun                  | del Co.,             |                                  | MD.              |
| -  | 1 to 1   | 10 C          | TY OR TOWN OF DEATH                                    | LIE NOT IN SU           | ICH FACILITY GIVES                      | TREET ADDRESS)    | OR OTHER INSTITUTION        | 12a USUAL OCCUPATE         |                      | b. KIND OF BUSIN                 | IESSOR           |
| 5  | J 19 / 10  |               | en Burnie,   | North                   | Arundel                                 | Nursin            | g Home                      | Factory                    |                      | Brewery                          |                  |
| 2  | De ad  | USU.          | AL RESIDENCE (IF NURSING HOAD)                         | NE OR OTHER INSTITUTION | N. GIVE RESIDENCE E                     |                   | 13d. INSIDE CITY LIMITS?    | 134.STREET ADDRESS /       | 7IP CODE             |                                  |                  |
| 3  |  | Ma            |  | e Arunde                |   |                   | YES NO                      | 1850 Chesa                 |                      | 1./ 21122                        |                  |
| KAL  | the Sales  | 14_FA         | THER'S NAME<br>FIRST                                   | WIDDIE                  | LAST                                    |                   | 15 MOTHER'S MAIDEN NA       | MIDDLE                     |                      | LAST                             |                  |
| ¥  | P 10000  |               | Joseph   | -                       | Sellner                                 |                   | Aloysia                     | -                          |                      | ank                              |                  |
| E,   |  |               | VAS DECEASED EVER IN U.S                               | ARMED FORCES?           |   | SECURITY NO.      | 17 INFORMANT                | ADDRE                      |                      |                                  |                  |
| Ž.   | n and c  | L'            | NO G   | -                       | 216-05                                  | -4071             | Hilda Conkl                 | in/ 1845 Ch                | esapeake             |                                  |                  |
| SALI   | hysicia<br>papers<br>aval.<br>nt. the  |               | 18 CAUSE OF DEATH (Ente                                | er only one couse pe    | er line for (a), (b                     | g and (c).)       | )                           | 1                          |                      | APPROXIMATE INTE                 | D DEATH          |
|  | phy<br>an po<br>ema  |               | PART I. DEATH WAS CA                                   | DIATE CAUSE (0)         | ar                                      | tenos             | claritie (                  | andio veren                | 6                    |                                  |                  |
| Z  | aric affic   |               |  | DUE TO, O               | OR AS A CONSI                           | EQUENCE OF        |                             | ,                          |                      |                                  |                  |
| EST  | deat<br>are ave<br>stran,  |               | Conditions, if any, which                              |                         |   |                   |                             | diese                      | _                    |                                  |                  |
| <u>~</u>   | the the emo  |               | gove rise to immediate couse (a), stating the          | DUE TO.                 | OR AS A CONSI                           | EQUENCE OF        |                             |                            |                      |                                  |                  |
| <u> </u>   | that<br>d by<br>ease<br>al, c  |               | underlying couse last                                  | (c)_                    |   |                   |                             |                            |                      |                                  |                  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY | igner<br>igner<br>buri   | 7             | PART 2 OTHER SIGNIFICAL                                | NT CONDITIONS O         | ONTRIBUTING                             | TO DEATH BUT      | NOT RELATED TO THE TER      | MINAL DISEASE OR CON       | DITION GIVEN IN      | I PART 1(o                       |                  |
| 200  | requestrated ar ta   | CERTIFICATION |  |                         |   |                   |                             |                            | Teer very see the    | 25 24 12 2 2 2                   |                  |
| NEC.   | low low  | FICA          | 190 DATE OF OPERATION                                  | 196. CON                | DITION FOR WE                           | HICH OPERATIO     | N WAS PERFORMED             | 20a AUTOPSY?               | IN CERTIFYING        | RE FINDINGS USE<br>CAUSES OF DEA | ATH?             |
| Y  | 40 4 40 0  | E             | 21a. ACCIDENT WAS UNDERLYING                           | Tab Time                | OF INJURY                               |                   | 21c HOW INJURY OCCUP        | YES NO                     | YES [                | NO                               |                  |
| >  | Ad # + 5   |               | OR CONTRIBUTING CAUSE O                                | 110110                  | A.M. MONTH                              | DAY YEAR          | THE HOW HAJORT OCCUP        | RED (ENTER NATURE OF INJUI | IY IN IIEM IB PART I | OR PART 2)                       |                  |
| O<br>Z   | PHYSIC<br>ending this cert<br>this cert<br>to Mental   | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAM                         |                         | OF INJURY                               | 19                | 211 LOCATION                |                            |                      |                                  |                  |
| 20   | d a t a b  | MEC           | WHILE   NOT WHILE                                      |                         | TREET, FACTORY, OF                      | FICE, FARM, ETC ) | STREET                      | CITY OR TO                 | WN (                 | OUNTY                            | STATE            |
| 2  | ar atter atter atter   |               | AT WORK AT WORK  |                         | 1 | bu                | ol p                        | 1 7/5                      | 25                   | PL                               | 7                |
|  | ral of ra |               | 220 I certify that (1) this h                          |                         | 7)                                      | 0/1               | nd that ((my) (our) opinion | death accurred on the do   | te and hour and      | from the courses s               | (we) lost        |
|  | ATT<br>aspirated for all and a sm 2  |               | sow the deceated of violation obove (I) (we) (did) (di | d not) view the bad     | y ofter death.                          |                   | DEGREE                      | /                          |                      | 22c. DATE SIGNED                 |                  |
|  | he h   |               | III. SIGNATORE   |                         | 1                                       | 10                | ATTENDING                   | MEDICAL STAF               | F                    | 7/1                              | 00               |
|  | SPITAL<br>d by th<br>NERAL<br>be dete<br>e State   |               | 224 PHYSICIAN'S NAME IT                                | YPE OR PRINT)           | VIA                                     | / / /             | 22. ADDRESS                 | DIRECTOR PHYSIC            | IAN                  | 105-20                           | 710              |
|  | to HOSPITAL<br>etained by 11<br>TO FUNERAL<br>should be det<br>with the State  |               | Che. 10  |                         | 11. 10                                  | 1                 | n846 1                      | Jahran                     | RN C                 | In Pice                          | 2106/            |
|  | Show with  | 220           | BURIAL, CREMATION, REMO                                | VAL 236. DATE           | WU P                                    | 18 NAME OF        | EMETERY OR CREMATORY        | Izad LOCATION              | 14,0                 | (the 1) Wr                       | M. R             |
|  | PD.  |               | Burial  Burial   | 72.1                    |   |                   |                             | CITY OR TOWN               |                      | YINIY                            | STATE            |
|  | BP   | 24 F          | JNERAL DIRECTOR  | March                   |   |                   | ven Mem.Park                | Glen Burn                  |                      |                                  | · Mu.            |
| D  | HMH - 16 50M 4/83<br>(VRA 15, 4)   |               | chilly Funera  | al Home /               | 3204ADDR                                | Mounta            | in Bd.                      | AR 5 1986                  |                      | idson Pand                       | . 90             |

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

|  | REG. NO.   |
|--|--|
| I DECEASED NAME FIRST MIDDLE LAST  | 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR                       |
| (TYPE OR PRINT)  | 2-7-1986 11:15 m   |
| Geneug M. Semenott   | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS |
| 3. SEX 4. RACE 5. DATE OF BIRTH  | MÖNTHS DAYS HOURS MIN.   |
| Female White May 7,1905  | 80 yrs   |
| BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8   | 9 BALTIMORE CITY OR COUNTY OF DEATH                            |
| Ohio USA MARRIED WIDOWED DINORCED  | Anne Arundel Co. MD.   |
| CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  | 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR                   |
| Annapolis Annapolis Conv. Center   | Housewife Household  |
| JOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)   | Lu expres Appress / 710 cops                                   |
| Md.   136 COUNTY AACO.   136 CHY OR TOWN   136 INSIDE CITY LIMITS?   | 100 Tarragon La. 21037   |
| FATHER'S NAME IS MOTHER'S MAIDEN NA  |  |
| FATHER'S NAME FIRST C.  MIDDLE W. Apt Apt Golfdie  | Warfield   |
| WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT   | ADDRESS  |
| (YES MAPOJINKNOWN) (IF YES GIVE WAR OR DATES) 365-03-6915 Arcady A.  | Semenoff Same as 13  |
| To accompany to the second sec | APPROXIMATE INTERVAL   |
| 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY:  | BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (0) Order / Weight   | 2 12 months  |
| DUE TO, OR AS A CONSEQUENCE OF   |  |
| Conditions, if ony, which  |  |
| gove rise to immediate   |  |
| cause (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause last   |  |
| (c)  |  |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  | MINAL DISEASE OR CONDITION GIVEN IN PART 100                   |
| 190 DATE OF OPERATION 1916. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCUR!   | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED                    |
| 5 The contained which of that of the contained   | IN CERTIFYING CAUSES OF DEATH?                                 |
|  | YES NO YES NO  |
| 210. ACCIDENT WAS UNDERLYING TO 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR   | RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)       |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19   |  |
| 216 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION   | THE RESERVE OF THE PARTY OF THE PARTY.                         |
| (AT HOME STREET EACTORY OFFICE FARM ETC.) STREET   | CITY OR TOWN COUNTY STATE                                      |
| WHILE NOT WHILE AT WORK  |  |
| 220.1 certify that (I) (this hospital) attended the deceased from  | , to   |
| saw the deceased alive an 2/5 1986, and that in (my) (aux) opinion   | death occurred an the date and have and from the causes stated |
| above, (1) (was that (did not) view the body after death.  22b SIGNATURE  DEGREE   | 22c DATE SIGNED  |
| ATTENDING  | / /  |
| 1220 PHYSICIAN'S NAME (TYPE OR PRINT) THE ADDRESS  | DIRECTOR PHISICIAN   |
|  | 1 100  |
| DT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | . 10 110   |
| R.I. Hochman, Mrs 16 Murra   | y Avenue Anna polar hed 214                                    |
| DT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 23d LOCATION   |

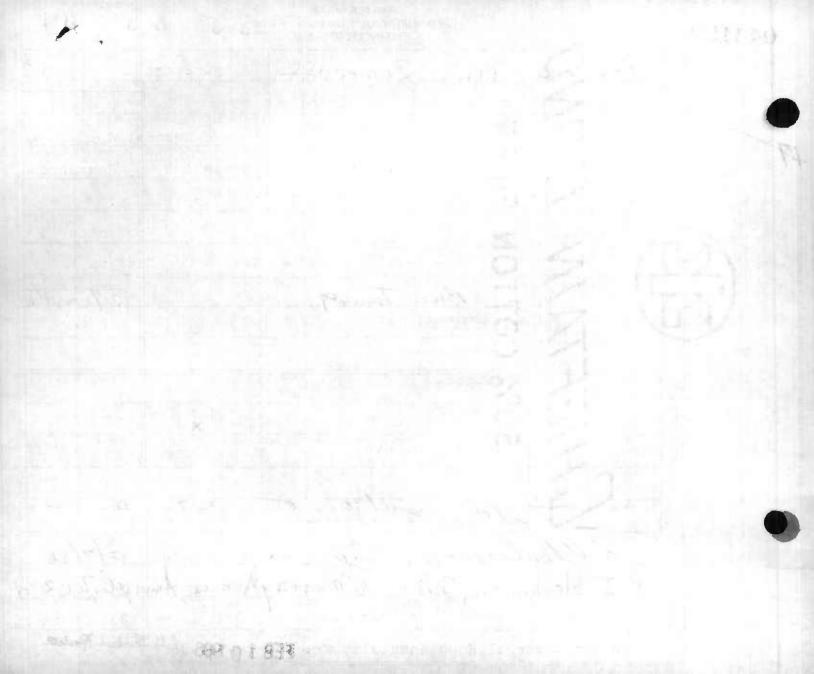
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept. of Health

24 FUNERAL DIRECTOR "Hardesty Funeral Home" Annapolis Md

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNAPORE

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR WILLIAM C. SCHENCK **FEBRUARY 15 1986** :00 1. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR CAUCASIAN FEBRUARY 23 1908 TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED MISSOURI UNITED STATES WIDOWED DIVORCED | ANNE ARUNDEL NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY II.S. NAVY ANNAPOLTS EAST LAKE DRIVE RETTRED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND ANNE ARUNDET ANNAPOLIS NO EAST LAKE DRIVE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE GEORGE PHILLIP SCHENCK ELIZABETH MARGARET STOIDERMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! 1925-1946 YES BLANCHE S. SCHENCK, 55 EAST LAKE DRIVE ANNAPOLIS, MD 21403 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) METASTATIC PROSTATE CANCER DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [ CERTI

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

211 LOCATION

STREET

22a. I certify that (1) (this haspital) attended the deceased from\_ sow the deceased olive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after deat

22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

23c NAME OF CEMETERS

23a BURIAL, CREMATION, REMOVAL

CITY OR TOWN

STATE

COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

should b

Hygie

8

MEDICAL

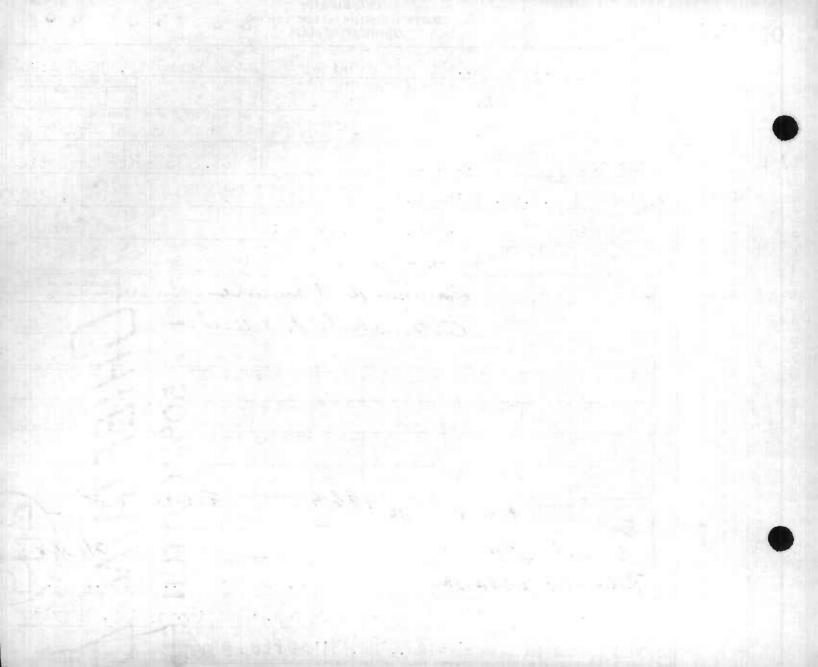
21d INJURY OCCURRED

NOT WHILE

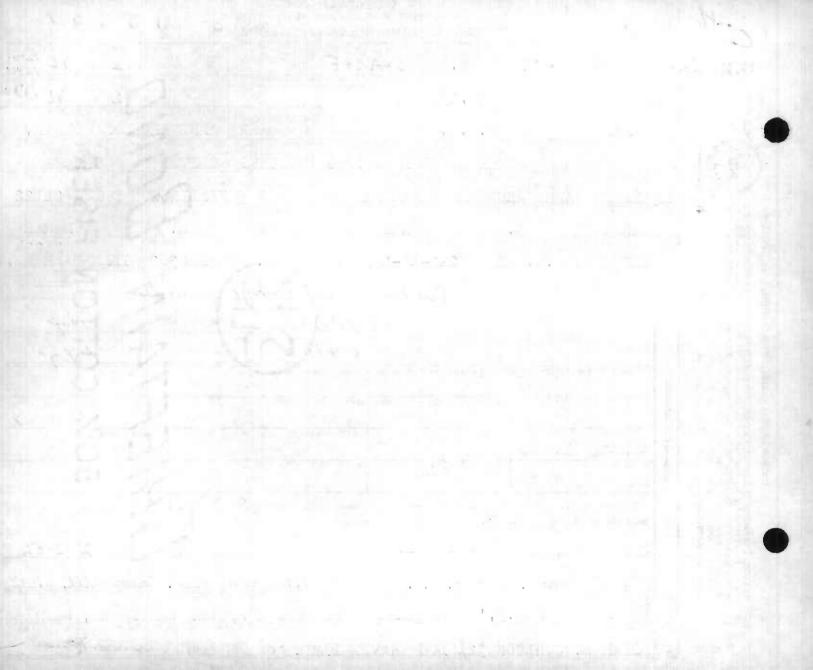
CCZ Teo. tomornitude Meaning Contra Surrau 8 THE IT PER KIND KNOW I COME PART INTO The Action London Contract to the State of State

| 055123   | 1             | FOR STATE REGISTRAR                    |                |                   | DEP              |                        | EALTH AND MENTAL HY<br>ICATE OF DEATH | 0                  | EG. NO.            | 3              | 4 0          | Ö                 |
|--|---------------|--|----------------|-------------------|------------------|------------------------|---------------------------------------|--------------------|--------------------|----------------|--------------|-------------------|
|  |               |  | FIRST          | ٨                 | AIDDLE           | ι                      | AST                                   | 20. DATE OF DE     | нтиом НТА          | DAY            | YEAR 2       | b. HOUR           |
| of the   | TYP           | E OR PRINT)                            | Mari           | e A               |                  | Sc                     | hneider                               | Feb:               | ruary              | 15.            | 1985         | 4:20 P            |
| moy be<br>page   | 3. SE         |  |                | RACE              |                  | 5. DATE C              | FBIRTH                                | 6 AGE (IN YEARS    | AST BIRTHDAY)      |                | DUN TIEPIN   | F UNDER 24 HRS    |
| ctor.  |               | FEMALE                                 |                | Whit              | te               | MONTH<br>8             | /8/1892 YEAR                          | 9                  | 3 v                | RS.            | DAYS I       | HOURS MIN         |
| Pog<br>dire  |               | SIRTHPLACE (STATE OR FORE              | IGN 7b         | CITIZEN OF        |                  | TRY? 8                 |                                       | 9. BALTIMORE       |                    |                | EATH         |                   |
| So Zoo th.   |               | Maryla:                                | nd             | USA               | J.               | WIDOWE                 | NEVER MARRIED                         | Anı                | ne Aru             | inde.          | l Cou        | nty MD.           |
| ed a mar de  | 10.0          | TITY OR TOWN OF DEATH                  |                | I. NAME OF        | HOSPITAL, NI     | IDSINIC HOME           | R OTHER INSTITUTION                   | 12a. USUAL OCC     |                    |                | b. KIND OF I | BUSINESS OR       |
| = 10 1   | 4             | Linthicum                              |                | 305 S             | Sycamo           | street address) Te Roa | d                                     | Ret.               | House              | ewill          | e Dom        | estic             |
| Poor 122   | Ust<br>13n    | JAL RESIDENCE (IF HURSING              | HOME OR O      | THER INSTITUTION, | GIVE RESIDENCE   | BEFORE ADMISSION)      | 13d. INSIDE CITY LIMITS?              | 113e STREET ADD    | RESS               |                |              | THE STATE OF      |
| 2 × 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |               | aryland                                | A.A            | .Co.              | Linth            | nicum                  | YES NO                                | 13. STREET ADD     | Sycan              | nore           | Road         | , 21090           |
| marytan<br>ted within 2<br>omplerely fi  | 14. F         | ATHER'S NAME<br>FIRST                  | M I            | DOLE              | LASI             |                        | 15. MOTHER'S MAIDEN N                 | AME                | IDDLE              |                |              |                   |
| AAR be apply   |               | Benjamin                               | Mil            | JOLE .            | McCa             |                        | Anastasi                              | a                  |                    |                | Ry           | an                |
| ecute<br>ecute<br>es l   |               | WAS DECEASED EVER IN                   |                | ED FORCES?        | 166 SOCIAL       | SECURITY NO.           | 17 INFORMANT                          |                    | ADDRESS            |                |              | (4) (1)           |
| MORE,<br>e execu<br>n and c<br>Pages   |               | 10                                     | IF 163, GIVE W | AR OR DATES       | 214-0            | 3-0298                 | Edna Sch                              | neider             | Same               | e as           | #13          |                   |
| ALTI<br>sicio<br>pers.<br>al.  |               | 18 CAUSE OF DEATH<br>PART I. DEATH WAS | Enter anly     | ane cause per     | line for (a), (l | o), and it             | 11 -4-                                |                    | - 31-4             | -              | BETWEEN ON   | SET AND DEATH     |
| certificate ling physicis<br>rban paper?<br>r removal.   |               |  | MEDIATE        |                   | Con              | Sister                 | Heart Jon                             | lune               |                    |                |              |                   |
| or re  |               |  |                | DUE TO, O         | R AS A CONS      | EQUENCE OF             | 1                                     | lune<br>1 didec    |                    |                |              |                   |
| the death<br>the attend<br>remove co<br>emotion, o   |               | Conditions, if any,                    |                | (b)               | an               | Teniose                | lucu for                              | didea              |                    |                |              |                   |
| the of the cemai   |               | gave rise to imme cause (a), stating   | diote<br>the   | DUE TO, O         | R AS A CONS      | EQUENCE OF             |                                       |                    |                    |                |              |                   |
| (01 W. PRESTON 9<br>in that the death ce<br>bed by the attending<br>lease remove carb<br>inal, cremation, or re<br>or other fraumatic  |               | underlying cause                       | last.          | (c)               |                  |                        |                                       |                    |                    |                |              |                   |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, NG PHYSICIAN. The low requires that the death certificate be executed in a physician of the control physician and constructions are supported by the attending physician and constructions the surface of the price. The property of the burial Hygiene price to burial, cremation, or remayal.  | Z             | PART 2. OTHER SIGNI                    | ICANT CO       | NDITIONS CO       | ONTRIBUTING      | G TO DEATH BUT         | NOT RELATED TO THE TER                | MINAL DISEASE O    | R CONDITION        | 1 GIVEN IN     | V PART 1(a)  |                   |
| been rmit. I prior   | CERTIFICATION | 190. DATE OF OPERATE                   | NC             | 196 COND          | ITION FOR W      | HICH OPERATIO          | N WAS PERFORMED                       | 20a. AUTOPS        |                    |                | RE FINDING   |                   |
| hos per  | Ē             |  |                |                   |                  |                        |                                       | YES N              | 0                  | YES            | CAUSES       | NO 🗆              |
| VITAL R NN: The li hysician. icate has rransit per Hygiene 18 shows  | E E           | 210. ACCIDENT WAS UNDER                |                | 216. TIME C       | FINJURY          | DAY YEAR               | 21c. HOW INJURY OCCU                  | RRED (ENTER NATURE | OF INJURY IN ITE   | M 18, PART 1 ( | OR PART 2)   | -31 a 52          |
| IYSICIAI<br>ding ph<br>is certifii<br>burial-tr<br>Mental I  |               | OR CONTRIBUTING CA                     |                | 1                 | M.               | 19                     |                                       |                    |                    |                |              |                   |
| PHYSICIAN:<br>ending physic<br>this certifica<br>the burial-tran<br>ad Mental Hy   | MEDICAL       | 21d. INJURY OCCURRE                    |                | 21e. PLACE        | OF INJURY        | FFICE, FARM, ETC.)     | 21f. LOCATION                         | cn                 | YORTOWN            | C              | OUNTY        | STATE             |
| DING Ph<br>or atten<br>After th<br>se as the<br>morked in  | 2             | AT WORK AT WORK                        |                | (AT HOME, ST      | REEL, PACIONT, O | FFICE, FARM, ETC.)     | 1                                     |                    | - /                |                | 91           |                   |
| a o o o e  |               | 22a.1 certify that (I) (t              | his haspita    | i) attended th    | e deceased f     | ram                    | 969,19                                | , to               | 1.13               | , 19           | 80, th       | nat (I) (we) last |
| TTEN<br>TTEN<br>TOR<br>for u   |               | saw the deceased                       | Ullive Ull     |                   |                  | 19 04,0                | nd that in (my) (aur) apinia          | n death accurred a | n the date and     | d haur and     | from the co  | uses stated       |
| OR ATTENION OR ATTENION OR ATTENION OR ATTENION OF THE ORDER OF THE OR |               | 22h MGHV TURE                          |                | 1                 |                  |                        | DEGREE                                |                    |                    | -              | 22c. DATE S  | IGNED             |
|  |               | Mican                                  | do.            | will              |                  |                        | ATTENDING<br>PHYSICIAN                | MEDICAL DIRECTOR   | STAFF<br>PHYSICIAN |                | 210          | 7/88              |
| - 0 00 0 2 0   |               | 22d PHYSICIAN'S NAM                    |                |                   |                  |                        | 22e. ADDRESS                          |                    |                    |                | 2            | 1230              |
| - 0 - 0 + 0  |               | 181CAR                                 | 00             | LOZA              | DA               |                        | 1228 S. C                             | harles             | St.,               | Balt           | O., 1        | Md.               |
| Sho sho  | 23a           | BURIAL, CREMATION, RI                  | MOVAL          | 23b. DATE         |                  |                        | EMETERY OR CREMATORY                  | CITY OR TO         | )N                 | C COU          | VIY TO       | STATE 3           |
| BP   |               | Buria                                  | 1              | 2/19/             | 1986             | Loudo:                 | n Park Cem                            |                    | more               | -              |              | ryland            |
| DHMH - 16 25M  | 24.           | FUNERAL DIRECTOR                       |                | 237               | E. Pos           | tapsco                 | Ave 250. D                            | ATE REC'D. BY REG  | STRAR 25b. RE      | GISTRAR        | SSIGNATU     | RE                |
| (VR A 15 (4) ) 9/74  | IV            | ccully Fu                              | nera           | 1 Home            | es Bal           | to., M                 | d. 21225 F                            | EB 1 9 19          | 86 Jun             | unun           | icon-1/a     | ndelle            |

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-1274. WILLIAM E. DEATH MATED SEX 4 RACE & AGE (IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 17,1916 69 MALE WHITE JUNE DEAD FOR Y 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRYS ENGLAND U.S.A. DIVORCED X COUNTY. WIDOWED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY ARUNDEL GENERAL HOSPITAL DRIVER TRUCKING USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. STATE 13c CITY OR TOWN PASADENA KELLINGTON DRIVE 21122 ANNE MARYTAND ARUNDEL IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE FIRST SHARPE E. CLARKE HARRY E. QUEEN 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 21234 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) W.W. 2-10-2856 SHARPE8303 HILLENDALE YES NORMAN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES [] 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 2 If. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BARTIMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Whoolen Gumbottom Rd. Crownsville. 21032 ames BURIAL BALTIMORE, MARYLAN MARYLAND VETERANS CEMETERY 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** in wurdon-Handige (VR A15 ME (5)) JOHNSON8521 LOCH RAVEN BLVD



|                   |  | 1-                    | FOR<br>STATE                           |   |  |                    | NT OF HEAL          |                   |                 | $\alpha$                               | 0                | 3 4             | . 8 8                    | į            |
|-------------------|--|-----------------------|--|---|--|--------------------|---------------------|-------------------|-----------------|--|------------------|-----------------|--------------------------|--------------|
| 06                | 5138   | I DE                  | REGISTRAR<br>CEASED NAME               | FIRST   | ME   | MIDDLE             | AMINER'S            | LAST              | ATE OF          | DEATH<br>20. DAT                       | REG. N           |                 | DAY YEAR                 | 26. HOUR     |
|                   | ET.  | (TYP                  | E OR PRINT)                            | JAM.  | 05   | ε.                 | 5k                  | ILE               | 551             | OF OF                                  | ESTI-<br>H MATED | 2               | 281,86                   | N N          |
|                   | PLEASE<br>ECTOR.<br>R FILES.<br>HOURS<br>STREET,   | 3. SEX                | 10.0                                   | 4. RACE   | 5. DATE OF BIRTH                               |                    |                     | UNDER 1 YR.       | IF UNDER 24     | HRS. 2c. DA                            |                  | MONTH           | DAY YEAR                 | 2d HOUR      |
|                   | AARY,<br>1 DIR<br>N 72<br>TON  | 3 2                   | RTHPLACE (5)                           | CAN   | 9 2  | 36                 | 4 GYRS.             |                   |                 | DE                                     | AD               | 2               | 28 19 VC                 | , 113C       |
| •                 | S NECESSARY, PLEASE<br>FUNERAL DIRECTOR.<br>E S FOR YOUR FILES.<br>MY PRESTON STREET,  | FO                    | REIGN COUNTRY)                         | 7   | U.S  | .A.                | WIDO                | RRIED NEV         | DIVORCED        |  | /                | AA              | ,                        | MD           |
| 18                | 1 SEE ST 4   | G                     | IEN E                                  | Burvia  | Nor  | CILITY, GIVE STREE | Aru                 | Nde )             |                 | FOR MOST OF W<br>Lead Bu               | VORKING LIFE)    | YPE OF WORK     | OR INDUST                | TRY          |
| 4                 | RETAIN<br>RECORD &   | 13a. S                | TATE Md.                               | (IF IN NURSING HOME (                                   | OR OTHER INSTITUTION, GI                       | 13c. OF OF         | TOWN                | 13d. INSIDE CIT   | STIMILY I       | 3e. STREET ADD                         | CArr             | 0/1             | Rd:                      | 21122        |
| RE, MD.           | DEATH. IF<br>GES 1, 2,<br>M PM 3.  | §4. FA                | THER'S NAME<br>Charle                  |   | MIDDLE H.                                      |                    | les Sr.             | 15. MOTHER        | R'S MAIDEN      | NAME                                   | MIDDLE A.        |                 | Gilmor                   | е            |
| BALTIMORE         | URS AFTER DEA<br>8. GIVE PAGES<br>WITH FORM P<br>T. PAGES AN<br>DIVISION OF  | 16a V<br>(Y           | VAS DECEASEI<br>ES, NO, OR UNKNO<br>NO | DEVER IN U.S. AR  | MED FORCES?<br>WAR OR DATES)                   |                    | SECURITY NO. 0-4148 | June              | E. SI           | kiles                                  | Same a           |                 |                          |              |
|                   | 24 HOURS<br>ITEM 18. C<br>LONG WII<br>PERMIT. P<br>SIENE, DIN  |                       | 18 CAUSE O<br>PART I DE                | ATH WAS CAUSE   | ly ane couse per line<br>D BY:<br>TE CAUSE (o) | for (a), (b) 701   | lrdine              | - 1               | Irre            | es+                                    |                  |                 | APPROXIMA<br>BETWEEN ONS | ET AND DEATH |
| PRESTON ST.       | ZZKEZQ   |                       |  | ns, if ony, which                                       | DUE TO, OR                                     | AS A CONSE         | QUENCE OF           | 5. C.             | V.              | D.                                     |                  |                 |                          |              |
| 201 W.            | XECUTED WITHING" IN PENCIL INCAL EXAMINER BURIAL - TRANS I AND MENTAL HAND MATION, OR REA  |                       |  | e to immediate<br>stating the <u>under-</u><br>se lost. | DUE TO, OR                                     | AS A CONSE         | QUENCE OF           |                   |                 |  |                  |                 |                          |              |
| RECORDS,          | SHOULD BE EXECUTED DRD "FENDING" IN PROCHEE MEDICAL EXALUSED AS A BURRAL OF HEALTH AND MEI OF REMATION, (COMMAND AND METALUSE OF MEMATION), (COMMAND AND METALUSE OF MEMATICALUSE) | NO                    | PART 2 OTHER SI                        | GNIFICANT CONDITIONS                                    | CONTRIBUTING TO DEATH                          | BUT NOT RELATED    | TO THE TERMINAL DIS | ASE OR CONDITION  | GIVEN IN PART 1 | 1 101                                  |                  |                 |                          |              |
|                   | SHOULD E<br>ORD "PEN<br>CHIEF ME<br>E USED A<br>T OF HEAL  | FICATION              | 190. DATE OF                           | OPERATION   | 19b. CONDI                                     | TION FOR WH        | ICH OPERATION       | WAS PERFORA       | AED?            |  |                  |                 | 20 AUTOPSY               |              |
| DIVISION OF VITAL | CERTIFICATE SHO ITING THE WORD DED TO THE CHIE E3 SHOULD BE US DEPARTMENT OF   | MEDICAL CERTIFICATION | UNDERLYING                             | OR CAUSE OF   |  | MONTH D            | Y YEAR              | HOW INJURY        | OCCURRED        | (ENTER NATURE OF                       | INJURY IN ITEM 1 | 8 PART 1 OR PAI | YES [                    | но 🗌         |
| DIVISIO           | S K K R R R R  | MEDIC                 | 21d INITIRY C                          |   | 2) e PLACE (                                   | OF INJURY (        | 19<br>AT HOME, 211. | OCATION<br>STREET |                 | CITY OR                                | TOWN             | COL             | PINIY                    | STATE        |
|                   | EXAMINER: TH<br>CERTIFICATE, W<br>JLD BE FORWA<br>DIRECTOR: PA<br>WITH THE STA<br>AARYLAND, 21;  |                       |  | y that I took charg                                     | ge of the remoins des                          | Accident           | held on Aut         | opsy ,            |                 | Inqui.                                 |                  | ond in my op    | inion                    |              |
| •                 | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR; AFTER DEATH, WITH THE BALLIMORE, MARYLAND   |                       | ACTUAL<br>SIGNATURE                    | Ulile   | can f  | 20                 | nos                 | TITLE (SP         |                 | MEDICAL EX                             |                  | DATE<br>SIGNE   | 3/1                      | 186          |
|                   | MEDIC<br>SECUTE T<br>NGE 4 SH<br>TER DEA   |                       | EXAMINER'S<br>(TYPE OR PRIN            | NAME Willia   | n P. Jones,                                    |                    |                     |                   |                 |  |                  |                 | Md. 2103                 |              |
| 07/84             | Bb   | (5                    | Bur:                                   |   | 3/4/86   |                    | ar Hill             | Cemeter           | У               | 23d LOCATION<br>CITY OF TOWN<br>Baltim | ore              |                 | .A. 1                    | Md           |
| 25M               | DHMH - 17<br>(VR A) 5 ME (5))  |                       | orge J                                 |   | 4001 RITE                                      | chie He            | wy Balt             | o Md              | MAR MAR         | 4 19                                   | 0.0              | 4               | IGNATURE                 | 100          |

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101133 11 th toward to 181 though the All months of the contract of Committee of the commit the second will be a second of the second of

| 064089   | 1.           | FOR<br>STATE<br>REGISTRAR  |   |                                     | DE                                 | PARTMENT            | T OF HE    | OF MARYLAND<br>ALTH AND MENTAL<br>CATE OF DEATH  | HYGIEN    | ili 6<br>REG. N   | 0 3                 | 6              | 8 9                      |
|--|--------------|--|---|-------------------------------------|------------------------------------|---------------------|------------|--|-----------|---|---------------------|----------------|--------------------------|
| moy be<br>page 3   |              | ORPRINT)  TRUE   | 1965<br>177/5                                     | CRO                                 | OSS //                             | ng/0                | ATE OF     | Jr.  |           | Ebruary 2  AGE (INYEARS LAST BIR                        | THDAY)              | F UNDER I YEAR | 3:10 A<br># UNDER 24 HRS |
| actor actor  | A            | fale   |   | White                               | е                                  |                     | Apr        | il 8. 1913   |           | 7:  |                     | ONIHS DAYS     | HOURS MIN,               |
|  | N            | RTHPLACE (STATE OR FOR<br>COUNTRY)<br>Maryland   |   | U.S.                                |                                    | wi                  | ARRIED     | NEVER MARRIED  | X         | Anne Arui   | ndel                |                | MD                       |
| 5  | Cpe          | TY OR TOWN OF DEATH  |   | Fairf                               | ield A                             | E STREET ADDRE      | ESS)       | rother Institution   | 4.7       | o USUAL OCCUPAT<br>TYPE OF WORK FOR MOST O<br>Hotel Man | SE WOODKING LIKE    | INDLISTRY      | Hotel                    |
| MARYLAND 21  | 13a. S       | TATE 11  | Anne<br>Arund                                     | el<br>IDDLE                         | Annapo                             | olis                |            | 13d. INSIDE CITY LIMITS YES (X) NO [] 15 MOTHER'S MAIDEN FIRST   | 9<br>NAME | STREET ADDRESS 8 Shipwrig                               | zip code<br>ght St, | /21401         | \$1                      |
| TIMORE, M. TIMORE, In. The executed The Page 1 or The Page | 160 V        | TUEMAN VAS DECEASED EVER IN VES, NO OR UNKNOWN) NO   |   | S S<br>NED FORCES?<br>WAR OR DATES) | linglui<br>                        | ff St<br>L SECURITY | NO         | Joseph:<br>IT INFORMANT<br>Linda Sling   |           | f Thompson  | 55 98 SI            |                | ht St<br>Md.21401        |
| aguines that the death certification is signed by the attending photos remove corban or be burial, cemaritan, at semantic ever highery, or other traumatic ever  | NO           | PART 2. OTHER SIGN II  | which rdiate the last.                            | DUE TO, ((c)                        | OR AS A CON                        | SEQUENCE            | OF         | IOT RELATED TO THE   | TERMINA   | AL DISEASE OR CON                                       | DITION GIVE         | N IN PART 1:   | erce flas                |
| At RECO  | RTIFICATION  | 19a DATE OF OPERATION  |   | 196 CONE                            | DITION FOR V                       | VHICH OPE           | RATION     | WAS PERFORMED  |           | YES NO  | IN CERTIFY<br>YES   |                |                          |
| DIVISION OF VITAL RECORDS, 201  L. OR ATTENDING PHYSICIAN. The law requires the baseled are otherwising physician.  J. DRECTOR, After this certifician has been signed it estached for use as the build-trainit permit. Then piece to Dept. of Meantal Hygiene prior to Buriol.  If here 21 is morked-gram IR fighws any injury, or a  | MEDICAL CERT | 216. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (HE EITHER NOTEY MEDICAL ATT WORK NOTEY THAT WAS N | USE OF DEATH LEXAMINER)  D  this haspite alive on | H HOUR A                            | P.M. E OF INJURY TREET, FACTORY, ( | DEFICE, FARM I      | 19<br>EIC) | 211 LOCATION STREET  1 Hot in (my) Jour) apr   | nion dea  | CITY OR TO  | ate and hour        | COUNTY         |                          |
| TO HOSPITA reformed by TO FUNERA should be all with the Storik MPORTANT  | 23a 1        | 22d PHYSICIAN'S NAM  | T.1   | 23b. DATE                           | an,                                |                     |            | 220 ADDRESS  16 THE OF THE OFFICE OFF | ORY ORY   | ALC A   | ина                 | pole           | 1 Ref                    |
| BP   | 40.00        | Burial JNERAL DIRECTOR   |   |                                     | 5/86                               |                     |            | ts Episc.C   |           | Oakley EC'D. BY REGISTRAR                               | (St.Ma:             |                | Md.                      |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)  | I K          | ichard A. Conneral Home  | olema   | n -Upp                              | er Mar                             | lboro               | , Md       | ,20772   | MAR       | 3 1986  | 1 4. 1              | avidor-        | Mondelle                 |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR 05 (TYPE OR PRINT) Smeltz 86 Feb & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24HR MONTH 1899 86 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Anne Arundel County Maryland WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Meridian Nursing Center Housewife Baltimore Home Maker 13h COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 131 Sun Light Circle 21061 Glen Burnie Maryland NO K 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Montia Frank ==== ==== ADDRESS 16b SOCIAL SECURITY NO. M WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 212-05-6067 Irene Schuiling Same as 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic. PART I. DEATH WAS CAUSED BY Arteriseletic Coronay Uncila IMMEDIATE CAUSE (0) the Desteusine DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION nellitus 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IS EITHER NOTIFY MEDICAL EXAMINER 21L LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death 77h55GNATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL 86 PHYSICIAN DIRECTOR PHYSICIAN

BP.

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DHMH - 16 50M 4/83 (VRA 15, 4)

should b MPORT

230. BURIAL, CREMATION, REMOVAL 23b DATE Burial

22d PHYSICIAN'S NAME YOUR OFFERST

23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem Park

77e ADDRESS

23d. LOCATION CITY OR TOWN Baltimore

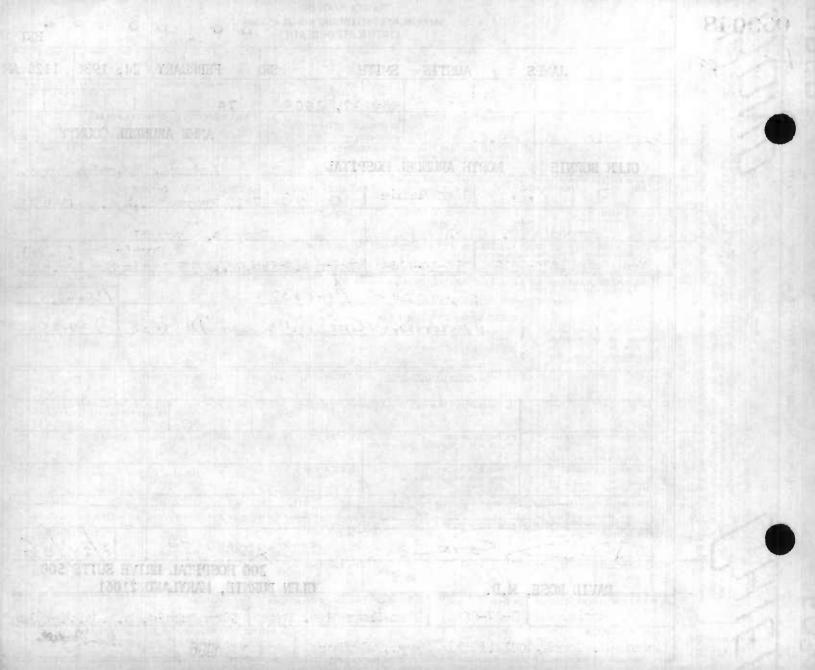
Howard

George J. Gonce 4001 Ritchie Hgwy Balto Md

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| Carlo Call   | 1             |   |   | STATE OF MARYLAND                                     |  |  |  |
|--|---------------|---|---|---|--|--|--|
| 059048   | 1.            | FOR<br>STATE<br>REGISTRAR                               | DEPARTA   | MENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | SIENE 6 0 3                                | EST  |  |
| 1  |               | CEASED NAME FIRST                                       | MIDDLE  | LAST  | 26. DATE OF DEATH MONTH DA                 | 10 110 0   |  |
| poge 3   |               | JAMES   | S AUSTIN  | SMITH SR  |  |  |  |
|  | 3. SE         |   | 4. RACE   | 5. DATE OF BIRTH  MONTH DAY YEAR                      |  | UNDER I YEAR IF UNDER 24 HRS.  DNIHS DAYS HOURS MIN. |  |
| rectar   |               | Male  | White   | May 22, 1906  | 79 YRS.                                    |  |  |
| th. Po   |               | RTHPLACE (STATE OR FOREIGN COUNTRY)                     | 76 CITIZEN OF WHAT COUNTRY?   | 8. MARRIED NEVER MARRIED                              | 9. BALTIMORE CITY OR COUNTY O              |  |  |
| deor Con   |               | 'irginia  | U.S.  | WIDOWED DIVORCED                                      | ANNE ARUNDE                                | MD.  |  |
| after y the fled with  | 10. C         | GLEN BURNIE   | 11. NAME OF HOSPITAL, NURSIN<br>(IF NOT IN SUCH FACILITY, GIVE STREET<br>NORTH ARUNDE | IG HOME OR OTHER INSTITUTION ADDRESS) I. HOSPITAL     | (TYPE OF WORK FOR MOST OF WORKING LIFE)    |  |  |
| ours<br>be fil   |               | AL RESIDENCE HE NURSING HOME OR                         | OTHER INSTITUTION GIVE RESIDENCE BEFORE   | ADMISSION)  |  | Domino Sugar   |  |
| Affled hould be  | 130. 3        | MD 136 CON  | 'A. Gien Bur  | nie   134 INSIDE CITY LIMITS?                         | 7820 Burton Ct. A                          | pt. F (21061)  |  |
| whin 2 should be | 14. F/        | ATHER'S NAME  |   | 15. MOTHER'S MAIDEN NA                                | ME   |  |  |
| re be executed wi  | D             | Benjamin  | F. Snith  | FIRST   | ucy A. Farrell                             | LAST   |  |
|  |               | VAS DECEASED EVER IN U.S. AR                            | MED FORCES? 166. SOCIAL SECU  |   | ADDDECC                                    | s Bay (21226)  |  |
|  | '             |   | -1936 216-10-6  | Tames A Smit  | h.Jr.,4715 Pennin                          |  |  |
|  |               |   | ly one couse per line for (a), (b), an  |   | TUDE 4/13 Pellitin                         | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH      |  |
| phys<br>phys<br>movent,  |               | PART I. DEATH WAS CAUSE                                 | E CAUSE (o) CARDO   | 400   |  | MENUTES  |  |
| ding<br>pribar<br>priret   | -31           | IMMEDIAI  |   |   |  | 1070-0725  |  |
| thenc<br>thenc<br>on, c  | 100           | Conditions, if any, which                               | DUE TO, OR AS A CONSEQUE  | - 1 - 11 -  | uin DESEASE                                | YEARS  |  |
| res that the d<br>gned by the a<br>n please remai<br>ourial, cremati   |               | gove rise to immediate couse (a), stating the           | 1   |   |  |  |  |
|  |               | underlying cause last.                                  | DUE TO, OR AS A CONSEQUE  | INCE OF   |  |  |  |
|  |               | PART 2 OTHER SIGNIFICANT C                              | ONDITIONS CONTRIBUTING TO I   | DEATH BUT NOT RELATED TO THE TERM                     | AINAL DISEASE OR CONDITION GIVEN           | N IN PART Ho   |  |
| The significant of the significa | ON N          |   |   |   |  |  |  |
| ow prior   | 1             | 190 DATE OF OPERATION                                   | 196 CONDITION FOR WHICH   | OPERATION WAS PERFORMED                               | 208 AUTOPSY? 206. IF YES, Y                | WERE FINDINGS USED<br>ING CAUSES OF DEATH?           |  |
| the lon.   | CERTIFICATION |   |   |   | YES NO YES                                 |  |  |
| hysici<br>ronsi<br>Hygi<br>Hygi  |               | 218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA  | LICUR A M. MONITH O.  | 21c. HOW INJURY OCCUR                                 | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | T 1 OR PART 2)                                       |  |
| SICIA<br>19 P<br>19 P<br>19 P  | N S           | (IF EITHER, NOTIFY MEDICAL EXAMINER                     | ''  | 19  |  |  |  |
| otherding of this and Med or I   | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK           | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE F                            | ARM, ETC.) 211 LOCATION<br>STREET                     | CITY OR TOWN                               | COUNTY STATE   |  |
| TENDIN<br>or of TOR: Aft<br>for use as<br>of Health  |               |   | all attended the deceased from_   | . 19  | , to                                       | 9, that (I) (we) lost                                |  |
|  |               | sow the deceased alive on above, (1) (we) (did) (did no | 19  | , and that in (my) (auc) apinion                      | death accurred on the date and hour o      |  |  |
| hosp hed hed tem   |               | 226. SIGNATURE  | yiew the body offer death.  | DEGREE  |  | 221. DATE SIGNED                                     |  |
| the Die Die Die Die Die Die Die Die Die Di   |               | DY  | 2 Gove  | ATTENDINO PHYSICIAN S                                 | MEDICAL STAFF DIRECTOR PHYSICIAN           | 2/24/86  |  |
| Spir A by A b  |               | 274 PHYSICIAN'S NAME INPET                              | CAKE(A)   |   | 200 HOSPITAL DRIVE                         | SUITE 500  |  |
| O = 135 + 80   |               | DAVID ROSE  | M D   |   | IRNIE, MARYLAND 21                         |  |  |
| Of Of Start  | 23o           | BURIAL, CREMATION, REMOVAL                              |   | AME OF CEMETERY OR CREMATORY                          | 234 LOCATION                               | 001  |  |
| ВР   |               | (SPECIFY) Burial  |   | en Haven Mem. Park                                    | Glen Burnie, A                             | A Ch Marylan   |  |
|  |               | UNERAL DIRECTOR   |   | 25a DAT   | E REC'D. BY REGISTRARIZAL REGISTRA         | AR'S SIGNMUNIRES                                     |  |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)  | G             | eorge J. Gonce,   | 4001 Ritchie Hyw  | y.,Baltimore  | 2 2 6 1086 When the                        | Under Mastara  |  |
|  | -             |   |   | - 101001  | 00000                                      |  |  |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

231. NAME OF CEMETERY OR CREMATORY

neral Chapel- Annapolis, MI

26 HOUR

rullea

YES [

Tland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

COUNTY

22c DATE/SIGNED

21401

APPROXIMATE INTERVAL

NO M

STATE

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

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Andrew State Committee of the Committee

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

| _ | and the state of t |  |   | KEG. NO.  |  |
|---|--|--|---|---|--|
| 1 | 1 DECEASED NAME (TYPE OR PRINT) Cijabith   | MIDDLE   | STATES  | 20. DATE OF DEATH MONTH DAY   | 1986 905 pm  |
| 1 | 3. SEX   | 4 RACE   | 5. DATE OF BIRTH  |   | UNDER I YEAR IF UNDER 24 HRS                         |
| J | Female   | White  | May 1, 1940   | 45 YRS  | THE DATE HOURS MIN.                                  |
|   | 70 BIRTHPLACE (STATE OR FOREIGN  | 76 CITIZEN OF WHAT COUNTRY?  | 8 MARRIED TO NEVER MARRIED  | 9 BALTIMORE CITY OR COUNTY OF   | FDEATH   |
| 4 | Pennsylvonia   | U.S.A.   | WIDOWED DIVORCED  | Anne Arundel  | MD.  |
|   | Harwood  | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET  8 HOCWOOD DC   | ADDRESS)  | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MOGME. Anolyst   | 126. KIND OF BUSINESS OR INDUSTRY G.S.A.             |
| 1 | USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN  |  |   | IIIA STREET ADDRESS / 7IR CODE  | 22000  |
| 2 |  |  | MOOD YES NO   | 136 STREET ADDRESS / ZIP CODE . 8 Harwaad Dri   | ve 11/16   |
| 2 | 14 FATHER'S NAME   | MIDDLE LAST  | 15 MOTHER'S MAIDEN N.   | AME   | LAST   |
| 7 | Jahn   | Farkos   | Elizab  | eth "H  | Haidu  |
|   | 160 WAS DECEASED EVER IN U.S. AR   | MED FORCES? 166 SOCIAL SECUI   |   | ADDRESS   |  |
|   | Na   | 160-34-3   | 3429 Jan P. Sto   | airs 8 Harwood D  | r, Horwwod, MD                                       |
|   | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   | DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)   | ENCE OF   | MIN AL DISE ASE OR CONDITION GIVEN  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SO WOS. |
| 7 | 196 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING  |  | OPERATION WAS PERFORMED   | 200 AUTOPSY? 206 IF YES, V<br>IN CERTIFYI   | VERE FINDINGS USED<br>NG CAUSES OF DEATH?            |
| 1 | OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER  21d INTURY OCCURRED  NOT WHILE  AT WORK  | P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FACTORY), office factory, office fa | ARM EIC)  211 LOCATION STREET  19  211 LOCATION STREET  19  210 LOCATION STREET  19  211 LOCATION STREET  19  212 ADDRESS | PES NOXX YES  RRED (ENIER NATURE OF INJURY IN ITEM 1B PART  CITY OR TOWN  The state of injury in Item 1B PART  CITY OR TOWN  A to | COUNTY STATE   |
|   | 230 BURIAL, CREMATION, REMOVAL (SPECHY) BUrial   | 23b. DATE 23c. N Lal   | NAME OF CEMETERY OR CREMATORY<br>Kemant Mem Gdns  | Daviosonvill  |  |
|   | 9013 Annapalis   | Rd., Lanham,   | Maryland20706   | ATE REC'D. BY REGISTRAR 256, REGISTRA   | R'S SIGNATURE  |

DHMH - 16 60M 7/84 (VRA 15, 4)

MG 201 0910 F1 75 3 ZATA PLEST J JULIAN B THURST PRODUCT . A. 2. U Solito U. Sonno dhyupna. Impo-Lar-1420 Lon P. Stolens & Borgood Or, Mohened, M. THE TANKS OF THE PARTY OF THE P vt D. 20 December of M. Alle Same

1-10-10 Lalamint ten Cans Cavidacaviller, Pargland an Folk Company now . Although the Education Line

|  |          |          | FOR   | DEPARTA  |              | E OF MARYLAND EALTH AND MENTAL HYG | IENES Á                  | 0 3               | 4, 9            | 5                            |
|--|----------|----------|---|--|--------------|------------------------------------|--------------------------|-------------------|-----------------|------------------------------|
| 50088  | 2 .      | 1 -      | STATE<br>REGISTRAR                            |  |              | ICATE OF DEATH                     | REG. NO                  |                   |                 |                              |
|  | 6/       |          | CEASED NAME                                   | MIDDLE   | t            | ASI                                |                          | MONTH DA          | Y YEAR 2        | h HOUR                       |
| oe 3   | 4        | (TYPE    | OR PRINT                                      | bana G.  | .5           | TANTAL                             |                          | 2 6               | 86              | 41                           |
| pog  | 1        | 3 SE     | × 11/2  | 4 RACE   | 5 DATE C     | OF BIRTH                           | 6 AGE (IN YEARS LAST BIR | THDAY) IF         |                 | F UNDER 24 HRS               |
| ge 4 n   | ,        |          | Female  | Caucasian  | D8           | 31 30                              | 55                       | YRS.              | ONTHS DAYS F    | HOURS MIN.                   |
| 2 40   | 6 1      | 70. BI   | RTHPLACE (STATE OF FOREIGN                    | 76 CITIZEN OF WHAT COUNTRY?  | 8<br>MARRIEI | NEVER MARRIED                      | 9 BALTIMORE CITY O       | R COUNTY C        | OF DEATH        |                              |
| ato 15   | 21       |          | ew Jersey                                     | USA  | WIDOWE       |                                    | Anne Aru                 | ndel C            | ounty           | MD.                          |
| Ď 24   | VO       | 10.C     | TY OR TOWN OF DEATH                           | 11. NAME OF HOSPITAL, NURSIN   | IG HOME C    |                                    | 120 USUAL OCCUPATI       | ON                | 126 KIND OF     | BUSINESS OR                  |
| do s   | 30       |          | Annapolis                                     | Anne Arundel Ge  |              | Hospital                           | Homemake                 |                   | own h           | Ome                          |
| hour H   | 1        | USU.     | AL RESIDENCE (IF NURSING HOME OF              | ROTHER INSTITUTION GIVE RESIDENCE BEFORE                               | E ADMISSION) |                                    | 13e STREET ADDRESS       |                   | T. OWIT III     | <u> </u>                     |
| 24<br>Fille  | The same |          | 100 000                                       | Arundel Crofton  |              | YES XX NO                          | 1620 Ebbot               |                   | ce 211          | 2 %                          |
| thin thin  | ig /     | -        | THER'S NAME                                   |  | -            | 15 MOTHER'S MAIDEN NAM             | ΛE                       | US I IA           |                 | 14                           |
| d a sold   | 30       |          | T. Carl                                       | 1 Griscom  |              | Pansy                              | WIDDLE                   |                   | unk.            |                              |
| to 500   | 00       |          | VAS DECEASED EVER IN U.S. AF                  | RMED FORCES? 166 SOCIAL SECU   | JRITY NO.    | 17 INFORMANT                       | 1698                     | Strahot           | ts Plac         |                              |
| Poge   | medico   | (        | YES, NO OR UNKNOWN) (IF YES GI                | VE WAR OR DATES) 154-22-   | 3067         | George J. Sta                      | anton Crof               | ton, M            | D 2111          | 4                            |
| te b   | ‡        |          | 18 CAUSE OF DEATH (Enter of                   | nly one couse per line for (o), (b), on                                | dic          | 20                                 |                          |                   |                 | TE INTERVAL<br>SET AND DEATH |
| phys   | vent,    |          |   | nly one couse per line for 10 . (b), on<br>ED BY:<br>TE CAUSE (a) PEMA | 2 Ex         | uner                               |                          |                   | -               | טאַ                          |
| cert<br>ding<br>orbai  | tic e    |          | IMMEDIA                                       | DUE TO, OR AS A CONSEQUI   |              |                                    | CALLEY CALL              | 424               |                 |                              |
| mend<br>ve co  | 9        |          | Conditions, if any, which                     | LUMS A   | MACE         | R - AclENOCE                       | Acenonia                 | (R) LUNG          | 6 6 M           | 0                            |
| he d   | rtro     |          | gove rise to immediate couse (a), stating the |  |              | 7 7 7 7 7 7 7 7 7                  |                          |                   | 4               |                              |
| by ti  | othe     |          | underlying cause lost                         | DUE TO, OR AS A CONSEQUE   | NCE OF       |                                    |                          |                   |                 |                              |
| ned plea   | 6        |          | PART 2 OTHER SIGNIFICANT                      | CONDITIONS CONTRIBUTING TO   | DEATH BUT    | NOT RELATED TO THE TERM            | INAL DISEASE OR CON      | DITION GIVE       | N IN PART 1:0   |                              |
| significant signif | Unio U   | NO       | metrotatic                                    |  |              | (B Rib cage                        |                          |                   |                 |                              |
| beer mit.  | à la     | CATION   | 190 DATE OF OPERATION                         | 196. CONDITION FOR WHICH   |              |                                    | 200 AUTOPSY?             | 20b IF YES.       | WERE FINDING    | SUSED                        |
| has<br>per   | SW S     | T E      |   |  |              |                                    | YES NO TO                | IN CERTIFY<br>YES | ING CAUSES O    | F DEATH?                     |
| vsicio<br>rate<br>prisit<br>dygite   | 8 sh     | CERTIFIE | 210. ACCIDENT WAS UNDERLYING                  |  |              | 21c. HOW INJURY OCCURR             | - 22                     |                   |                 |                              |
| phy<br>phy<br>ritific<br>ol-tr   | E        | 100      | OR CONTRIBUTING CAUSE OF DE                   |  | AY YEAR      |                                    |                          |                   |                 |                              |
| ding<br>ding<br>ding<br>ding<br>Mer  | or He    | MEDICAL  | 21d. INJURY OCCURRED                          | 21e PLACE OF INJURY  |              | 21f LOCATION                       |                          |                   |                 |                              |
| C Pr   | ked      | X        | WHILE NOT WHILE                               | LAT HOME STREET, FACTORY OFFICE,                                       | ARM, ETC )   | STREET                             | CITY OR TO               | WN                | COUNTY          | STATE                        |
| Aft of the olth  | TO E     | 130      |   | ital) attended the deceased from                                       | 5808         | EM 19 85                           | 10 FEB 6                 | 11                | 9 86 the        | ot (I) (we) lost             |
| TEN<br>TOR   | 21 is    |          | sow the deceased alive or                     | of: view the body ofter death.   | 86 or        | nd that in (my) (our) opinion o    | deoth occurred on the de | ote and hour      | and from the co | uses stoted                  |
| hosp<br>hosp<br>led f  | E        |          | 22b SIGNATURE                                 | ot: view the body offer death.   |              | DEGREE                             |                          |                   | 22c. DATE SI    |                              |
| the<br>tooth   | #        |          | Buch Sio                                      | len sa   | is:          | ATTENDING PHYSICIAN F              | MEDICAL STAL             | F TANK            | 1-6             | - 86                         |
| SPITA<br>I by<br>VERA<br>be de   | Z        | 1        | 224 PHYSICIAN'S NAME (TYPE                    | OR PRINT)  |              | 22e ADDRESS                        | DIRECTOR EL PHISIC       | IAIY              | 1 1 0           |                              |
| TO HOSPIT, retained by TO FUNER, should be d with the Sta  | IMPORT   |          | FRANK J                                       | TACKSON  |              | 3 VILLAGE 6                        | REEN . C                 | ROFTN             | v mi            | 0                            |
| To reto  | ₹ -      | 230      | BURIAL, CREMATION, REMOVAL                    |  | NAME OF C    | EMETERY OR CREMATORY               | 123d LOCATION            | 10.               | · · · · ·       |                              |
|  |          | 230      | SPECIFY)                                      | FEB 8, 1986 La   |              |                                    | CITY OR TOWN             | ****              | COUNTY          | STATE                        |
| BP   |          | 24 FI    | Burial  JNERAL DIRECTOR                       | 16000 An   |              |                                    | Davidson                 | 25h REGISTE       | Anne Al         | unael,MI                     |
| DHMH - 16 60M  |          |          | eall Funeral Ho                               |  |              |                                    | EB 1 4 1989              | 17                |                 | panydess.                    |
| (VRA 15, 4)  | )        | De       | all ruleral no                                | me DOMTE, M  | D 50         | 117-3043                           |                          | 0                 |                 |                              |

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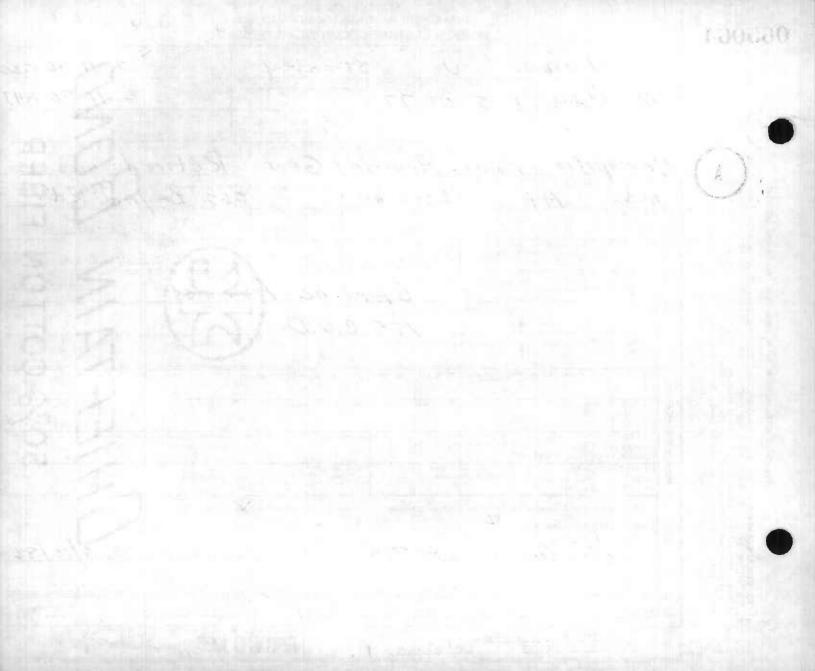
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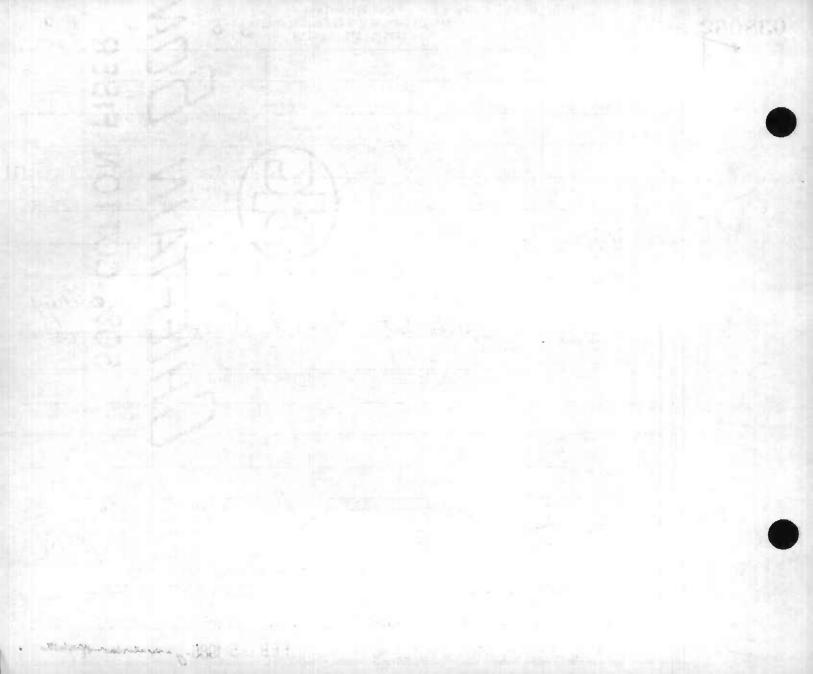
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STATE OF MARYLAND

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| 00~004   | 11-                   | FOR<br>STATE   |  | STATE OF A   |                                     | iene 0 3                              | 491   |
|--|-----------------------|--|--|--|-------------------------------------|---------------------------------------|---|
| 065064   |                       | REGISTRAR  |  | DICAL EXAMINER'S   | CERTIFICATE OF B                    | EATH REG. NO.                         |   |
|  |                       | CEASED NAME FIRST  |  | WIDDIE   | LAST                                | OF ESTI-                              |   |
| E SE   | 1.5E                  | VIVIA  | The second secon | 6. AGE (IN YEARS IF U                                    | rickley                             | DEATH MATED                           | 2 11 19 86 1726                                 |
| ARY, PER<br>COUR FI  | 1                     | m CAU  | 5. DATE OF BIRTH   | OT 77YRS.  |                                     | PRONOUNCED DEAD                       | 2 11 86 147                                     |
| PART NAME OF STREET  | . 10                  | ennsylvania  | 76. ČITIZEN OF WE  | MARE   | RIED TO NEVER MARRIED (             | Anne Aruno                            | del MD  |
|  | 1/                    | TNNAPILIS  | (IF NO IN SUCH FAC   | PITAL, NURSING HOME, OR OTH CILITY. GIVE STOP T ADDRESS) |                                     | FOR MONO WORKING LIFE)                | 4 sales auto                                    |
|  | 1380<br>24.5          | TATE d - 136 COU   | HER INSTITUTION, GIVEN   | 13c CITY OR TOWN -                                       | 13d INSIDE CITY LIMITS? 13e         | STREET ADDRESS BAYI                   | and Rd.   |
| EATH IF  | 1000                  | ATHERS NAME  | MADDLE   | Stickley   | 15. MOTHER'S MAIDEN NO. FIRST Flora | AME MIDDLE                            | Strawther                                       |
| JRS AFTEN OF STEP OF S | 16a. \                | WAS DECEASED EVER IN U.S. AR   | RMED FORCES?<br>E WAR OR DATES)  | 166. SOCIAL SECURITY NO. 579-01-4573                     | Mary Flor                           | ence Stickle                          | ey Same as #                                    |
| ON ST., BAL<br>24 HOURS AF<br>TEM 18. GIV<br>ONG WITH<br>PERMIT. PAG<br>SIENE, DIVIS   |                       | 18 CAUSE OF DEATH (Enter or<br>PART I DEATH WAS CAUSE                | nly ane cause per line<br>ED BY:<br>ATE CAUSE (a)  | far (a), (b), and (c)                                    | LAC AV                              | rrest                                 | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| PRESTON ST. ITHIN 24 HOUCH IN ITEM 18 VER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.  |                       | Conditions, if any, which  | DUE TO, OR   | AS A CONSEQUENCE OF                                      | N.D.                                |                                       |   |
| 201 W. PI<br>UTED WITH<br>IN PENCIL<br>EXAMINE<br>EXAMINE<br>IAL - TRAP<br>IAL - TRAP<br>O MENTAL<br>ON, OR RI   |                       | gave rise to immediate cause (a) stating the under lying cause last. |  | AS A CONSEQUENCE OF                                      | 1010                                |                                       |   |
| IL RECORDS, 2011  WILD BE EXECUTED  "PENDING" IN PR  FF MEDICAL EXA  FF MEDICA | N                     | PART 2 DTHER SIGNIFICANT CONDITIONS                                  | S CONTRIBUTING TO DEATH I  | BUT NOT RELATED TO THE TERMINAL DISEA                    | SE DR CONDITION GIVEN IN PART 1 (0  | De.                                   |   |
| FALREC<br>FOULD B<br>RD "PEN<br>HIEF ME<br>USED AS<br>OF HEAL  | FICATIO               | 190. DATE OF OPERATION   | 196 CONDIT   | TION FOR WHICH OPERATION V                               | WAS PERFORMED?                      |                                       | 20. AUTOPSY?                                    |
| SION OF VITA<br>RTIFICATE SHO<br>NG THE WORD<br>O TO THE CHIE<br>SHOULD BE US<br>PRARTMENT OF<br>RIOR TO BE NO.  | LCERTI                | 210. EXTERNAL CAUSE WAS  |  | INJURY MONTH DAY YEAR                                    | HOW INJURY OCCURRED (EF             | NTER NATURE OF INJURY IN ITEM 18 PART | YES NO Y  |
| DIVI<br>IS CE<br>RRITII<br>REDE  | MEDICAL CERTIFICATION | CONTRIBUTING CAUSE OF 214 INJURY OCCURRED WHILE NOT WHILE AT WORK    | 21e PLACE C  |  | OCATION<br>STREET                   | CITY OR TOWN                          | COUNTY STATE                                    |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PARAFTER DEATH, WITH THE STAMELIMORE, MARYLAND, 217  |                       | 22a. I certify that I taak char                                      | ge of the remains desi   | cribed abave, held an Auto                               |                                     | Inquiry , and in                      | n my apinian                                    |
| TAL EXAL<br>THE CERT<br>HOULD I<br>RAL DIRE<br>NTH, WIT<br>EF, MARY  |                       | ACTUAL SIGNATURE TULL  | in Po  | Dono.  | TITLE (SPECIFY) Deputy              | MEDICAL EXAMINER                      | DATE 3/12/86                                    |
| MEDIC<br>GECUTE<br>AGE 4 S<br>FUNEI<br>FTER DE   | 4                     | EXAMINER'S NAME Willia   |  |  |                                     | ca Crt., Davidsonv                    | ,   |
| 07/84 RP   | B                     | urial, cremation, removal security.                                  | 14Feb86  |  | lalPark                             | Fall's Church                         |   |
| 25M DHMH - 17<br>(VR A15 ME (5))   | 24. F                 | NAME ROBERT E W  | Vilhelmbress<br>ome S  | Suitland, Md.  | FEB 2                               | D BY REGISTRAL THE REGISTR            | IAR'S SIGNATURE                                 |





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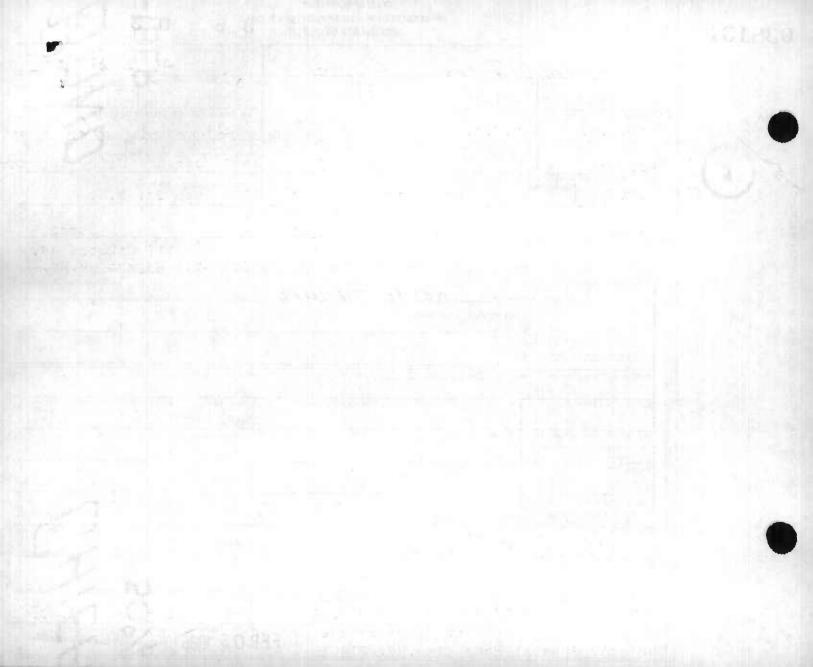
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| 038131  | 1-             | FOR<br>STATE<br>REGISTRAR  | DEPART   | MENT OF HEALTH AND MENTAL HY<br>CERTIFICATE OF DEATH | GIENS 6 REG. NO.   | 5 0 0  |
|---|----------------|--|--|--|--|--|
| oy be<br>coge 3<br>death  | { TYPE         | EASED NAME FIRST<br>OR PRINT! Helen  | A. RACE  | Strobel  S. DATE OF BIRTH                            | 2 8  | 2 86 2 45 M  |
| ge 4 m<br>ector. F  | 3. SE)         | female   | white  | 11/3/DAY 1895  |  | MONTHS DAYS HOURS MIN.                                 |
| 4 50 A  | 76 BII         | RTHPLACE (STATE OR FOREIGN OUNTRY) ASh.D.C.  | 76. CITIZEN OF WHAT COUNTRY? U.S.A.  | * MARRIED NEVER MARRIED WIDOWED DIVORCED             | 9 BALTIMORE CITY OR COUNTY  Anne An                                      | of DEATH   |
|   | 10 CI          | gewater  | 11. NAME OF HOSPITAL, NURSIN   | NG HOME OR OTHER INSTITUTION                         | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT book keeping | 126 KIND OF BUSINESS OR INDUSTRY dairy indust          |
|   | USU/<br>13a. S | RESIDENCE (IF NURSING HOME OR TATE 13b. COUN   | OTHER INSTITUTION, GIVE RESIDENCE BEFOR  | /N. 13d. INSIDE CITY LIMITS?                         | 13e.STREET ADDRESS / ZIP CODE<br>1220 29th St.                           | Walter   |
| MAKYLA<br>ed within<br>ompletely t<br>ond 2 sho<br>expension  | 14. FA         | THER'S NAME<br>FIRST   | MIDDLE LAST  | 15. MOTHER'S MAIDEN NA                               |  | Stone  |
|   | 160 V          |  | E WAR OR DATES)  | JRITYNO. 17 INFORMANT                                |  | Dakwood Rd.  |
| BALIIN<br>hysicion<br>vopers. P<br>ovol.  |                | 18 CAUSE OF DEATH (Enter on PART ). DEATH WAS CAUSE  | 1578-03.<br>ly one couse per line for (o), (b), or<br>D BY:                              |  | andstetter Edge  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH           |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN. The low requires that the death certificate be executed physician and construction of the burial-transit permit. Then please remove carbonpopers. Pages if the and Mental Hygiene prior to burial, cremotion, arremoval. or teal 8 shows any injury, or other troumatic event, the medical | NO             | Conditions, if ony, which gove rise to immediate cause (a), storing the underlying couse last. | DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO |  | ,<br>MINAL DISEASE OR CONDITION GIV                                      | EN IN PART Ita   |
| he low reconstructions. The permit.   | CERTIFICATION  | 19a. DATE OF OPERATION   | 196 CONDITION FOR WHICH  | OPERATION WAS PERFORMED                              | IN CERTIF  | S, WERE FINDINGS USED<br>YING CAUSES OF DEATH?<br>S NO |
| SION OF VITS PHYSICIAN, T ending physici this certificate this certificate this certificate this certificate de or item 18 sh d or item 18 sh   |                | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA                                      | HOUR A.M. MONTH D  |  | RRED (ENTER NATURE OF INJURY IN ITEM 18 P                                | PART I OR PART ?}                                      |
| DING PHYS or ottendin After this c e os the bur oith and Me marked or I   | MEDICAL        | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE,                               | FARM, ETC.)  21H LOCATION STREET                     | CITY OR TOWN   | COUNTY STATE   |
| TTENDIN<br>prol or<br>TTOR: Af<br>for use o<br>of Health  |                | sow the deceased alive on  | tol) ottended the deceosed from.   |  | death occurred on the date and hou                                       | 19, that (I) (we) lost and from the couses stated      |
| HOSPITAL OR A: HUSPITAL OR A: FUNERAL DIREC Add be defoched WHI State Dept.   |                | 226. SIGNATURE   | W. Kiner   | DEGREE ATTENDING PHYSICIAN 22e ADDRESS               | MEDICAL STAFF DIRECTOR PHYSICIAN   | 22c. DATE SIGNED                                       |
| 99999   | 23a E          | surial, CREMATION, REMOVAL<br>SPECUTIAL  | 23b. DATE 23c. 23c.  | NAME OF CEMETERY OR CREMATORY Cedar Hill Ceme        | 23d LOCATION<br>CITY OR TOWN<br>etery Washingto                          | COUNTY D. STATE  |
| DHMH - In 50M 4/83<br>(VRA 15, 4)   |                | INERAL DIRECTOR NAME ardesty Funer   | 12 Rical Home Ann  | igely Ave. 250 DA                                    | ATE REC'D. BY REGISTRAR 25MREGIST  |  |



FUNERAL the the 4 0

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Cremation

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Thomas M. Walsh 780 Ritchie Highway, Severna Park, Md. 21146 23c NAME OF CEMETERY OR CREMATORY February 19,

22e ADDRESS

23d LOCATION

7b HOUR

Security Process, Inc. Catonsville, Baltimore, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 20 1086 June Dandon Hondale

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

1986

Singleton Funeral Home, Glen Burnie, Md. 21061

The state of the s TERMONE THE DESIGNATION OF THE PERSON OF THE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 049026 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 2a. DATE OF DEATH MONTH 26. HOUR LIVE OF PRINTS PAUL SWART2 FEBRUARY 1986 0240 PRESTON 4 RACE 6. AGE TIN YEARS LAST BIRTHDAY IF LINDER I VE AD IF LINDER 24 MRS 3 SEX 5. DATE OF BIRTH MOURS 10 1918 MALE CAUC 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED ANNE ARUNDEL COUNTY West Virginia WIDOWED DIVORCED [ OCITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Government Carpenter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170 ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE MD A.A. PASADENA 7908 Mayford Ave 21122 15 MOTHER'S MAIDEN NAME ATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST (unk) Harrv Swartz Bessie L 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR LINKNOWN HEYES GIVE WAR OR DATEST 2856 Roy & Paulette Smith W.W.II 218 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206, IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 216 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL WE EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. 80 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth 726 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME 22e ADDRESS 801 CRAIN HIGHWAY, SOUTHEAST ld b BURNIE, MARYLAND 21061 PAUL. CHANG. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPEC WY) Ellicott BM Ct Meadowridge Mem 2 14 86 Burial 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 Glen Burnie Md Sielia Davidson-Randelle Raymond C Fink (VRA 15, 4)

STATE OF MARYLAND

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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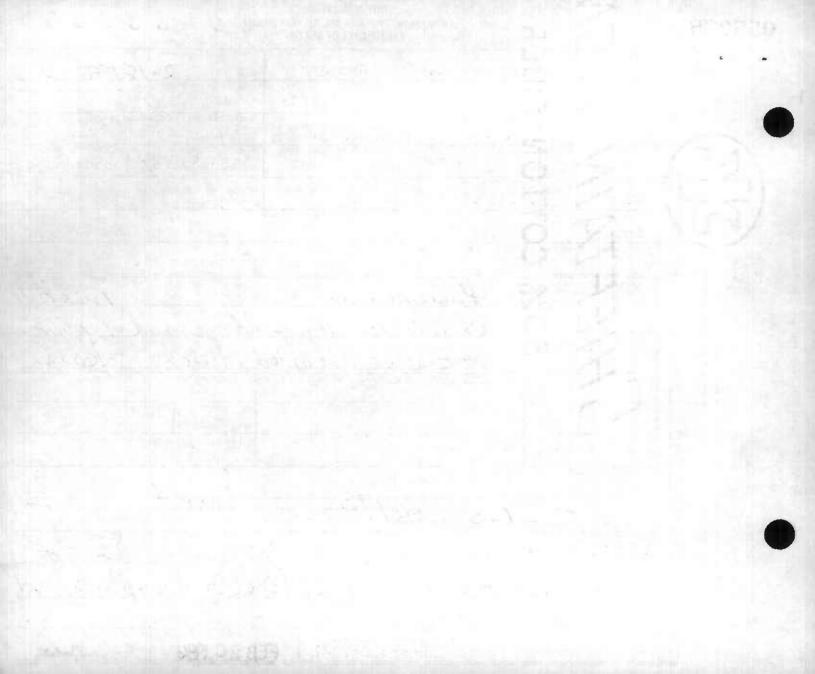
| REGIS                  | TRAR  |                                |                                      | CERTIFI         | CALE OF DEATH                 |                | REG. NO            | ).             |                            |           |                         |
|------------------------|---|--------------------------------|--------------------------------------|-----------------|-------------------------------|----------------|--------------------|----------------|----------------------------|-----------|-------------------------|
| DECEASED               |   | M                              | DDIE                                 | LA              | ST                            | 20. DATE O     | FDEATH A           |                | DAY YEAR                   | 2b F      | HOUR                    |
| TAME ON MARKET         | Gert  | rude                           | Т.                                   |                 | Sweeney                       |                | C                  | 2-1            | 5-198                      | 6         | A                       |
| 1. SEX                 |   | 4 RACE                         |                                      | S. DATE O       |                               | 6 AGE (IN      | YEARS LAST BIRTH   |                | MONTHS DAY                 |           | NDER 24 HRS             |
| fem                    | ale   | white                          |                                      | Jul             | y 2°1°, 19°6°3                | 83             |                    | YRS            |                            |           | JRS MIN.                |
| A BRITHELA             | CE ALLES CARCALIGN  | 76. CITIZEN OF W               | HAT COUNTRY?                         | 8               | NEVER MARRIED                 |                |                    |                | OF DEATH                   |           |                         |
| Mic                    | higan   | U.S.A                          |                                      | WIDOWEI         |                               |                | Anne               | Arun           | del C                      | 0.        | М                       |
| 0 CITY OR T            | OWN OF DEATH  |                                |                                      |                 | ROTHER INSTITUTION            |                | OCCUPATION AND TOP |                |                            |           | SINESS OF               |
| The second second      | ownsville   |                                |                                      |                 | ng Home                       | ho             | usew 1             | fe.            | noi                        | usel      | hold                    |
| MA STATE<br>Md .       | 13b COL   | INTY                           | Annapo                               | N.              | 134 INSIDE CITY LIMITS?       |                | ADDRESS /          |                | 2                          | 141       | 01                      |
| IL FATHER'S            |   | week                           | LAST                                 |                 | 15. MOTHER'S MAIDEN N.        |                |                    |                |                            | 1467      |                         |
| THE PERSON NAMED IN    | thor  | WIDDLE                         | Tenna                                | nt              | Leah                          |                | MIDDLE             |                | Haz                        | en        |                         |
|                        | EASED EVER IN U.S. A  | RMED FORCES?                   | 166 SOCIAL SECU                      | RITY NO.        | 17 INFORMANT                  |                | ADDRES             |                |                            |           |                         |
| no                     | (IF 1ES. O  | THE WAR OR DATES!              | 214-50                               | -802            | Leah Kins                     | sey sa         | me as              | 13.            |                            |           | 11                      |
| gave<br>cause<br>under | OTHER SIGNIFICANT   | DUE TO, OR  (c)  CONDITIONS CO |                                      | PE OF DEATH BUT |                               | MINAL DISEAS   |                    |                | X                          | ka<br>Das | s.                      |
| TIFIC                  | TE OF OPERATION   |                                |                                      | OPERATION       | N WAS PERFORMED               | 200 AUT        | NO                 | IN CERTIF      | S, WERE FINI<br>FYING CAUS | SES OF D  |                         |
| 00.004                 | CIDENT WAS UNDERLYING   |                                | INJURY<br>N. MONTH DA                | AY YEAR         | 21c. HOW INJURY OCCU          | RRED (ENTERN   | ATURE OF INJUR     | Y IN ITEM 18 F | PART   OR PART 2           | 2)        |                         |
| 5 (IF EIT              | HER NOTIFY MEDICAL EXAMIN   |                                |                                      | 19              |                               |                |                    | -14 1          |                            |           |                         |
| WEDIC WILL             | IURY OCCURRED   | 21e PLACE C                    | OF INJURY<br>ET, FACTORY, OFFICE, F. | ARM ETC )       | 21f. LOCATION<br>STREET       | 0              | CITY OR TOV        | WN             | COUNTY                     |           | STATE                   |
| AT WORK                | al most   |                                |                                      | 100             | 72                            |                | 1010               | -              |                            |           |                         |
| l la                   | ertify that (I) (this how<br>w the deceased olive a<br>lave, (I) (we) (did) (that i | 0- /- 6                        | 198                                  | 61.01           | d that in (my) (with aprinia) | n death accurr | ed on the do       | te and hou     | 19<br>ur and fram t        | he cause  | (I) (we)la<br>es stated |
| 80                     | Lei Ri  | uko                            | Cu                                   | hu              | ATTENDING PHYSICIAN           |                | STAF               |                | 220 DA                     | ITE SIGN  | 86                      |
| 22d PH                 | YSICIAN'S NAME (TYPE  | ERKO.                          | uw                                   |                 | 1833F                         | rest 1         | 2.A                | ица            | plis                       | had       | 12/60                   |
| 230. BURIAL,           | CREMATION, REMOVA   |                                |                                      |                 | METERY OR CREMATORY           | 23d LOC        |                    | ST             | COUNTY                     |           | STATE                   |
|                        | Cremati   | on $2/1$                       | 7/86 W                               | estv:           | iew Cremato                   | ory E          | Baltir             | nore           |                            |           | Md.                     |

DHMH - 16 60M 7/84 (VRA 15, 4)

Mardesty Funeral Home

1200 Ridgely Ave. Annapolis, Md:

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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| STA | TE OF | MARY | LAND |
|-----|-------|------|------|
|-----|-------|------|------|

| 6        | 0 | 3 | 3 | 0 |
|----------|---|---|---|---|
| REG. NO. |   |   |   |   |

| 1 |               | FOR<br>STATE<br>REGISTRAR   |  |                   |                         | CERTIF      | IEALTH AND MENTAL HYG  | REG.                    |                  | 3                           | 5         | 0       | 4                |
|---|---------------|---|--|-------------------|-------------------------|-------------|--|-------------------------|------------------|-----------------------------|-----------|---------|------------------|
|   | PEC           | CEASED NAME   | FIRST                                  | N                 | NIDDLE                  |             | LAST   | 20 DATE OF DEATH        |                  | DAY                         | YEAR      | 26. HOL | JR               |
|   |               |   | Helen                                  |                   | W.                      |             | Tack   |                         | 2                | 19                          | 84        | 1.      | 7-M              |
|   | 3. SE X       | (   |  | 4 RACE            |                         | 5. DATE (   | =  | 6. AGE (IN YEARS LAST   | BIRTHDAY)        | MONTHS                      | ER I YEAR | HOURS   | R 24 HRS<br>MIN. |
|   |               | Female  |  | White             |                         | Augu        | st 5, 1904   | 81                      | YRS              |                             |           |         |                  |
| 1 |               | RTHPLACE (STATE OF  | FOREIGN                                | 76. CITIZEN OF V  | WHAT COUNTRY?           | 8<br>MARRIE | D NEVER MARRIED  | 9 BALTIMORE CITY        | OR COUNT         | TY OF D                     | EATH      |         |                  |
| 5 | Maı           | ryland  |  | U.S.A.            |                         | WIDOWI      | 40   | Anne Aru                |                  |                             |           |         | MD.              |
| 1 | 10 CI.        | TY OR TOWN OF DE  | ATH                                    |                   | HOSPITAL, NURSIN        |             | OR OTHER INSTITUTION   | 12a USUAL OCCUPA        |                  |                             | KIND O    | F BUSIN | ESS OR           |
| C |               | everna Par  |  |                   | n Nursing               |             |  | Retired -               |                  |                             | & H       | eati    | ng C             |
|   | USUA<br>13a S | AL RESIDENCE (IF NUR  | 136 COUN                               | OTHER INSTITUTION | GIVE RESIDENCE BEFORE   | ADMISSION)  | 1 13d. INSIDE CITY LIMITS?                                     | 13e.STREET ADDRES       |                  |                             |           |         | 10.3             |
| ð | Maı           | ryland  | Anne                                   | Arunde!           |                         |             | YES NO X   | 8112 Riv                |                  |                             | . 2       | 1122    |                  |
| - | 14 FA         | THER'S NAME   |  | WIDDLE            | LAST                    |             | 15 MOTHER'S MAIDEN NAM   | ME                      |                  | 13                          | LAS       | T       | BY.              |
| 1 | / 1           | David   |  |                   | White                   |             | Augusta  |                         |                  |                             | Burt      |         |                  |
| - |               | VAS DECEASED EVER   |  | MED FORCES?       | 166 SOCIAL SECU         | RITY NO.    | 17 INFORMANT   | ADI                     | DRESS            |                             |           |         | 17               |
|   | No            | E3, 140 OK 014K10 (414)   | (# 165.014                             | L WAR ON DATES!   | 212-28-8                | 009         | Jane Blaze   | - Same as               | #13e             |                             |           | 114     | 300              |
|   |               | Conditions, if ony gove rise to im cause (a), stati                         | IMMEDIAT<br>which<br>mediate<br>ng the | DUE TO SE         | R AS A CONSEQUE         | ce          | un den<br>Belis Du   | Clelus                  | 7                | 7                           | yes       | ere!    |                  |
|   | NOIL          | PART 2 OTHER SIG  | NIFICANT                               | un 4              | Grean                   | U           | 1 600  | odaxe                   | 3                | no                          | mil       | a       | )                |
| 7 | CERTIFICATION | 19a DATE OF OPERA   | MON                                    | 196 CONDI         | TION FOR WHICH          | OPERATIO    | M V A5 PERFORMED   | YES NO                  | IN CERT          | ES, WER<br>TIFYING<br>YES [ | CAUSES    | OF DEA  | TH?              |
|   | MEDICAL CER   | 21a. ACCIDENT WAS UN<br>OR CONTRIBUTING (IF EITHER NOTIFY MED               | CAUSE OF DE                            | HOUR A./          | M. MONTH DA<br>M.       | AY YEAR     | 21t. HOW INJURY OCCURE   | RED (ENTER NATURE OF II | njury in item 11 | 8 PART I O                  | RPART 2)  |         |                  |
|   | MED           | 21d INJURY OCCUP  | ORK ORK                                |                   | EET, FACTORY, OFFICE, F | ARM, ETC )  | STREET   | CID QI                  | 3 /A             | 9 0                         | durin 1   |         | STATE            |
|   |               | 220.1 certify that (I<br>saw the decea<br>above, (I) (we)<br>22b. SIGNATURE |  | tt view the bod   |                         | 86.0        | nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN P | ,                       | TAFF             | -                           |           |         |                  |
|   | 0             | SHE PHYSICIANS N  | prie fort                              | in Ferral         |                         |             | 22e ADDRESS  | ,                       |                  |                             | 11        | 2106    | 1                |
|   |               | Dr. A.E.  |  |                   | X                       | Web (       | 206 Crain H  | iwy. S.W.               | - Gler           | Bu                          | rnie      | , Md    |                  |
|   |               | URIAL, CREMATION<br>SPECIFY)  | REMOVAL                                | 23b DATE          | 23c. N                  | NAME OF     | CEMETERY OR CREMATORY  | 23d LOCATION            |                  |                             | NIY.      |         | STATE            |

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detoched for use as the buriol-transit permit. Then please remove corban papers: Fwith the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the manner.

Cremation 2-22-86 Westview Cemetery

Balto.

Balto. Md.

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Ine.

1050 York Rd.

REGISTRAR 25b. REGISTRAR'S SIGNATURE

4 5 ( , 6 3 x , 8 ) er er de le crane, ursing de ter Y v Crein Ey. J. . - ele nur e, id. mito. selto. no.

nc roso u ar 1 .o.e, e. 1 . or . . .

| Ifter death. Page 4 may be   | the funeral director, page 3  |
|--|---|
| Certifical be executed within 24 haurs a   | diagraphy con and completely filled in by authorities in by and a shoot be in   |
| DING PHYSICIAN: The law requires that the distriction to the control of the law requires that the distriction or chending physician. | After this certificate has been signed by the other duration and completely filled in by the funeral director, page 3 se as the burial-transit permit. Then please mention and thought have been a completely and the prior to burial, cremation. |

|   | FOR       |  |
|---|-----------|--|
| - | STATE     |  |
|   | REGISTRAR |  |

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 6        |  |
|----------|--|
| REG. NO. |  |

| 0   | 3   | 140  | 0     | 3   |  |
|-----|-----|------|-------|-----|--|
| HIM | DAY | YEAR | 72b H | OUR |  |

| 0,       | I. DE         | CEASED NAME FIRST   | MIDDLE                                   | ı          | AST                                     | 2a. DATE OF DEATH          | MONTH DAY                      | YEAR                  | 26 HOUR                          |
|----------|---------------|---|--|------------|---|----------------------------|--------------------------------|-----------------------|----------------------------------|
| 18       | 17            | ohn Thoma   | 1.5 Taranti                              | na         |   |                            | 7 - 20                         | -56                   | 2 10 PM                          |
|          | 3. SE         |   | RACE                                     | 5. DATE C  | F BIRTH                                 | 6 AGE (IN YEARS LAST BIR   |                                | NDER 1 YEAR           | IF UNDER 24 HRS                  |
|          | 8             | male  | 10) h. +p.                               | LON        | 27,1898                                 | 21                         | YRS.                           | IHS DAYS              | HOURS MIN.                       |
| 01       |               |   | B GITIZEN OF WHAT COUNTRY?               | 8          |   | BALTIMONE CITY O           |                                | DEATH                 |                                  |
| 25       | m             | Januland  | 1150                                     | WIDOWE     | DI NEVER MARRIED                        | Dans                       | Anur                           | lah,                  | 440                              |
| 1        | )0_CI         | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NURSIN             | NG HOME C  |   | 120 USUAL OCCUPATI         | NC                             | 12b. KIND OF          | BUSINESS OR                      |
| 1        | 9             | nnapolis F  | I (IF NOT IN SUCH FACILITY, GIVE STREET  | Ger        | eral Hospital                           | Parmac                     | WORKING LIFE)                  | STON                  | BUSINESS OR                      |
| 35       | 13a S         | AL RESIDENCE IF HURSING HOME OR O<br>STATE 136 COUNT            | TY PROPERTY OF TOWN                      | VN.        | 13d INSIDE CITY LIMITS? YES NO          | 130.STREET ADDRESS         | / 1                            | 2140                  | Street                           |
| 10       | Ji. FA        | ATHER'S NAME  | NDDLE / DAST                             |            | 15 MOTHER'S MAIDEN NAM                  |                            |                                | ,U                    |                                  |
| 24       | 1             | l'asouale   | Tamortio                                 | 6          | Flora                                   | MIDDLE                     | TPD                            | חוח                   | 0                                |
| leo /    | 16a. V        | WAS DECEASED EVER IN U.S. ARM                                   | MED FORCES? 166 SOCIAL SECU              | JRITY NO.  | 17 INFORMANT                            | 1 26 DRE                   | Rivers                         | ide F                 | Road                             |
| 1/       |               | NO -  | WAR ON DATES)                            |            | Hannah Pr                               | INCE-Ed                    | 1                              | er, M                 | 021037                           |
| 1/       |               | 18 CAUSE OF DEATH (Enter only                                   | ane cause per line far (a), (b), ar      | nd (c)     |   |                            | 9                              | APPROXIA<br>BETWEEN O | MATE INTERVAL<br>INSET AND DEATH |
| 200      |               | PART I. DE ATH WAS CAUSED IMMEDIATE                             | AD 13                                    | ( F        | AILURA                                  |                            |                                | 3                     | days                             |
| 10 to    |               |   | DUE TO, OR AS A CONSEOU                  | ENCE OF    |   |                            |                                |                       |                                  |
| uno.     |               | Canditians, if any, which                                       | (b)                                      |            |   |                            |                                |                       |                                  |
| 1        |               | gave rise to immediate cause (a), stating the                   | DUE TO, OR AS A CONSEQU                  | ENCE OF    |   |                            |                                |                       |                                  |
| ta ra    |               | underlying cause last.  | (c)                                      |            |   |                            |                                |                       |                                  |
| ury, o   | z             | PART 2 OTHER SIGNIFICANT CO                                     | ONDITIONS CONTRIBUTING TO                | DEATH BUT  | NOT RELATED TO THE TERMI                | NAL DISEASE OR CON         | DITION GIVEN                   | IN PART Ita           |                                  |
| .S       | CERTIFICATION | TALL DE CONTRACTOR  | The contribution son water               |            | 111111111111111111111111111111111111111 | Tell and once              | Tool IF VEC 11                 | FDF FD ID 0           |                                  |
| 5/       | PF C          | 190. DATE OF OPERATION  | 196. CONDITION FOR WHICH                 | OPERATIO   | A MAS PERFORMED                         | 20a AUTOPSY?               | 20b. IF YES, W<br>IN CERTIFYIN | G CAUSES              | OF DEATH?                        |
| 17       | ER            | 210. ACCIDENT WAS UNDERLYING                                    | 21b. TIME OF INJURY                      |            | 21c HOW INJURY OCCURRI                  | YES NO                     | YES                            |                       | NO 🗌                             |
| -//      |               | OR CONTRIBUTING CAUSE OF DEATH                                  | HOUR A.M. MONTH D                        |            | THE HOW INJOHN OCCORNI                  | ED TENTER NATIONS OF INJUI | (TIN IIEW 18 PARI              | ORPARI 2)             |                                  |
| 17       | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED       | P.M.<br>21e. PLACE OF INJURY             | 19         | 21f LOCATION                            |                            |                                |                       |                                  |
| 3/       | MEC           |   | (AT HOME STREET FACTORY, OFFICE          | FARM ETC ) | STREET                                  | CITY OR TO                 | WN                             | COUNTY                | STATE                            |
| y ark    |               | AT WORK AT WORK   | D sakes dead also decreased & succession |            | 10                                      |                            | 10                             |                       |                                  |
| 55       | -             | 22a I certify that (I) (this haspital saw the deceased alive an | ii) attended the deceased tram_          | 01         | d that in (my) (aur) apinian d          | eath accurred an the do    | ute and have on                |                       | hat (1) (we) last                |
| E S      |               | abave, (1) (we) (did) (did nat)<br>22b. SIGNATURE               | view the bady after death.               |            | DEGREE                                  |                            | Te dila ilati                  | 22c DATE S            |                                  |
| # #      |               | 1-11  | 1641                                     | /          |   | MEDICAL STAF               | F                              | 2 21                  | CI                               |
| Z        | 1             | 224 PHYSICIAN'S NAME (TYPE OR                                   | PRINT)                                   | 7          | 22e ADDRESS                             | DIRECTOR   PHYSIC          | IAN []                         | 1-21                  | -06                              |
| MPORTANI |               | 11016   | TEITELBA                                 | in         | 120 011 51                              | atal.                      | 101 0                          |                       | LAM                              |
| ¥        | 230 P         | BURIAL, CREMATION, REMOVAL                                      |  | NAME OF C  | M39 Old Solo                            | 123d LOCATION              | nd Kd, t                       | nusto                 | us min                           |
|          | 1             | HOTECIFY)   | Cab 22/00/                               | STI        |   | CITY OR TOWN               | e (                            | ON                    | Mill                             |
|          | 24 FL         | UNERAL DIRECTOR   | 1 CD 22 (480)                            | 01.        | Dany'S                                  | REC'D BY REGIS RAR         | SWREGISTRAR                    | SSIGNALL              | IRI. 00                          |
| 7/84     | ha            | NAME E. D. ST.  | P Chapel- An                             | napol      | CED                                     | 2 4 1986                   | AND THE                        | Dav-Non               | larence.                         |
| 7        | TA            | ylor lunera   | x Chaper- Du                             | Habor      | ווויכו                                  | U                          |                                |                       |                                  |

DHMH - 16 60M 7/84

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STATE OF MARYLAND

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BOTTOMENT SWINGROOM OF NIAKYLAND HOSPITAL

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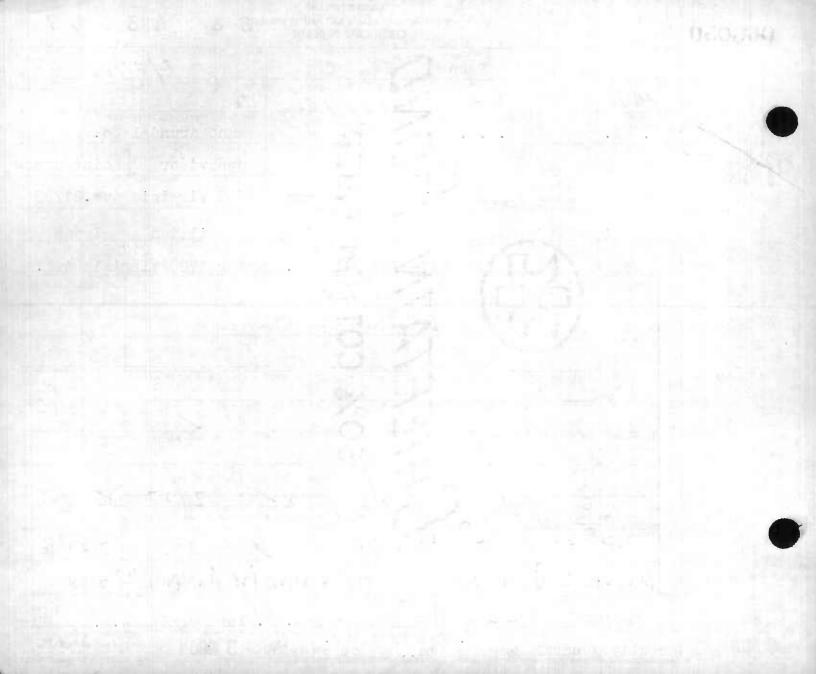
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(VRA 15, 4)

### STATE OF MARYLAND FOR STATE REGISTRAR 3507 DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH 066050

|  | _   |   |   |  | REO. INO.                                |   |  |  |  |  |
|--|---|---|---|--|--|---|--|--|--|--|
|  |   | CEASED NAME FIRST   | WIDDLE                                  | LÄST                                   | 20. DATE OF DEATH MONTH                  | DAY YEAR 26 HOUR                                |  |  |  |  |
| o e o  | (14b6   | Hermi   | w Brent                                 | TAILING.                               | 2/2                                      | 27/86 630                                       |  |  |  |  |
| oy be  | 3. SE:  |   | I RACE                                  | 5. DATE OF BIRTH                       | 6 AGE (IN YEARS LAST BIRTHDAY)           | IF UNDER 1 YEAR IF UNDER 24 HRS                 |  |  |  |  |
| free free  | J. JL   | 11010   |   | MONTH / DAY , YEAR                     |  | MONTHS DAYS HOURS MIN.                          |  |  |  |  |
| rs o   | 1   | 19416   | White                                   | 2/2/08                                 | YRS                                      |   |  |  |  |  |
| 2 31 611   |   |   | & CITIZEN OF WHAT COUNTRY?              | 8                                      | 9 BALTIMORE CITY OR COUNTY               | OF DEATH  |  |  |  |  |
|  | -   | W. VA.  | U.S.A. WIDOWED DIVORCED                 |  | Anne Arundel Co. MC                      |   |  |  |  |  |
| 11 2   | Jo C  | TY OR TOWN OF DEATH                                       | 1. NAME OF HOSPITAL, NURSIN             | G HOME OR OTHER INSTITUTION            | 120 USUAL OCCUPATION                     | 126 KIND OF BUSINESS OR                         |  |  |  |  |
| 12 5 1   | 1   | ANNADOLIS   | AAGH                                    | AODRESS                                | Supervisor Work for MOST OF WORKING LIF  | Maintenance                                     |  |  |  |  |
| 1 12 1   | -   | AL RESIDENCE (IF NURSING HOME OF                          |   | ADMISSION)                             |  |   |  |  |  |  |
| 1 30   | 130.5   | Md III COUNT  | OTHER INSTITUTION GIVE RESIDENCE BEFORE | N 13d INSIDE CITY LIMITS? YES X XXXXXX | 4708 Virgini                             | a Ave.21225                                     |  |  |  |  |
| 1 15 200   | II FA   | THER'S NAME   | ALAAA AAAA                              | 15. MOTHER'S MAIDEN NA                 | ME                                       |   |  |  |  |  |
| 1 12 26//  | /   |   | IDDLE 1AST                              | FRST                                   | MIODLE                                   | LAST  |  |  |  |  |
| 1/200  | 1   | LIVING 40 V   | yrd Taylo                               | 20 01 0 010 1                          | Lillian                                  | Irons   |  |  |  |  |
| 9 78 4   |   | VAS DECEASED EVER IN U.S. ARA                             | MED FORCES? 166 SOCIAL SECU             | RITY NO. 17 INFORMANT                  | ADDRESS 2                                | 1225  |  |  |  |  |
| 1 11 1   |   | No  | 235-14-                                 | 6755 Wilma G. 7                        | Caylor 4708 Vi                           | rginia Ave.                                     |  |  |  |  |
| ysic<br>your   | 10  | 18 CAUSE OF DEATH (Enter only<br>PART I, DEATH WAS CAUSED | one couse per line for ioi, (b) ghe     |  |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |  |  |  |
| ph<br>n pe<br>mo   |   |   | CAUSE (o)                               | ren mone                               |  |   |  |  |  |  |
| cer<br>ling<br>rrbo<br>or re<br>fic e  |   |   |   | 1 2                                    |  |   |  |  |  |  |
| oth<br>on, o   |   | Conditions, if ony, which ( ib)                           |   |  |  |   |  |  |  |  |
| de office  |   | Conditions, if any, which gove rise to immediate          | (b)                                     | )                                      |  |   |  |  |  |  |
| the rem  |   | couse (o), stating the                                    | DUE TO, OR AS A CONSEQUE                | NCE OF                                 |  |   |  |  |  |  |
| by by ose  |   | underlying couse lost.                                    | (6)                                     |  |  | - 10 15 17 18 17 18                             |  |  |  |  |
| ple<br>urio  | -   | PART 2 OTHER SIGNIFICANT CO                               | ONDITIONS CONTRIBUTING TO               | DEATH BUT NOT RELATED TO THE TERM      | INAL DISEASE OR CONDITION GIV            | EN IN PART TIO                                  |  |  |  |  |
| equir<br>n sig<br>Then<br>r to b<br>injury   | CERTIFICATION   |   |   |  |  |   |  |  |  |  |
| w r  | AT  | 190 DATE OF OPERATION                                     | 196 CONDITION FOR WHICH                 | OPERATION WAS PERFORMED                |  | S, WERE FINDINGS USED                           |  |  |  |  |
| n. no per no per   | F   | Control of the Control                                    |   |  |  | YING CAUSES OF DEATH?                           |  |  |  |  |
| The de h   | ERT   | 21g. ACCIDENT WAS UNDERLYING                              | 21b. TIME OF INJURY                     | 21. HOW BUILDY OCCUP                   | YES NO YE                                |   |  |  |  |  |
| AN:  |   | OR CONTRIBUTING CAUSE OF DEAT                             | 110110 1 11 11011711 01                 | AY YEAR                                | RED (ENTER NATURE OF INJURY IN ITEM 18 F | PART I OR PART 2)                               |  |  |  |  |
| ICI<br>9 9 P   | CA  | (IF EITHER NOTIFY MEDICAL EXAMINER)                       | P.M.                                    | 19                                     |  |   |  |  |  |  |
| HYS<br>Idin<br>Me  | MEDICAL   | 21d INJURY OCCURRED                                       | 21e PLACE OF INJURY                     | 211 LOCATION                           | CITY OR TOWN                             | COUNTY STATE                                    |  |  |  |  |
| the the cond   | Z   | WHILE ONOT WHILE OF AT WORK                               | (AT HOME STREET, FACTORY, OFFICE, F     | ARM ETC ) STREET                       | CITY ON TOWN                             | COUNTY  |  |  |  |  |
| Afte os lith   |   |   |   | A                                      | 7/27                                     | 19 thot (I) (we) lost                           |  |  |  |  |
| Heo US   | 270.1 certify that (1) (this hospital) attended the deceased from |   |   |  |  |   |  |  |  |  |
| Spite Spite of for 121   | 200   | sow the deceased alive on above. (U (was add) (day not    | view the body of Neoth.                 | ond that in my (our) opinion           | death occurred on the date and hou       | r and from the couses stated                    |  |  |  |  |
| R A hos hos hed hed ept.   | -63   | 226 DIGNATURE 220 DATE SIGNED                             |   |  |  |   |  |  |  |  |
| the of th | 00.0  | 411 mill  | to Danie                                | MY ATTENDING                           | MEDICAL STAFF                            | 2/27/86   |  |  |  |  |
| by the price of the state of th |   | 228 PHYSICIAN'S NAME (TYPE OF                             |   | 22e ADDRESS                            | DIRECTOR PHYSICIAN                       | 121110  |  |  |  |  |
| HOSP<br>The bull   |   | MA  | (=A 1) A                                | 202 ( -24)                             | - ANN A MARIE                            | As A  |  |  |  |  |
| TO HOSE etoined TO FUN should b with the   | 10.   | MICHARE Care  | enth m                                  | 1/03 G (QUING                          | SAVE ANNAPOLIS 1                         | Q 21401   |  |  |  |  |
| 5 5 5 4 3 3  | 23a. E  | JURIAL, CREMATION, REMOVAL                                | 236 DATE 236 N                          | NAME OF CEMETERY OR CREMATORY          | 236 LOCATION                             |   |  |  |  |  |
| nn.  |   | SPECIFY)  |   |  | CITY OR TOWN                             | COUNTY  |  |  |  |  |
| BP   | 04.5  | Burial  | 3-1-86 G1                               | en Haven Mem.Pk                        |  | A.A. MD   |  |  |  |  |
| DHMH - 16 60M 7/84   |   | JNERAL DIRECTOR   | 237 E. Pata                             |  | E REC'D. BY REGISTRAR 256 REGIST         |   |  |  |  |  |
| (VRA 15. 4)  | Mo  | Cully Funeral   | Homes Balto                             | MD 21225 MA                            | R 5 1986 Sulian                          | aurdson-Agndett.                                |  |  |  |  |



STATE OF MARYLAND

S45 1 U.E.O

Parties Santage Letter Brite Story Stores \_ HOM \_ briefyred (1) Homemaker - Home brong to shirt x brown A A CTIT Robert Francis Smith Julia R. L. Practor Estato - 52 pille west of niv noted by Missils of the ONE

and the standard tradel surgenist see the server relies

| 066114   | 1 -           | FOR<br>STATE   | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH |  |  |   |  |  |
|--|---------------|--|--|--|--|---|--|--|
| OOOLIA   | 1. DEC        | REGISTRAR EASED NAME FIRST   | WIDDLE   | LAST LAST                                  | REG. NO.  20. DATE OF DEATH MONTH                        | DAY YEAR 2b. HOUR                               |  |  |
| nay be<br>page 3   | (TYPE (       | Emm.   | A C.   | THOMAS                                     | 02-0   | 22-1986 10: AM                                  |  |  |
| tor. pa  | 3. SEX        | EMALE  | RACE   | 5. DATE OF BIRTH MONTH DAY YEAR 10 01 1917 | 6. AGE (IN YEARS LAST BIRTHDAY)                          | IF UNDER 1 YEAR IF UNDER 24 HRS                 |  |  |
| Poge   |               | THPLACE (STATE OR FOREIGN 7  | L. CITIZEN OF WHAT COUNTRY                                   |  | 9. BALTIMORE CITY OR COUNT                               | Y OF DEATH                                      |  |  |
| deoth deoth  | PA            | SADENA I'ID  | UNITED STATE   | S WIDOWED DIVORCED                         | HNNE AR  | ON DEC MO                                       |  |  |
| offer of the state | D             | Y OR TOWN OF DEATH   | (IF NOT IN SUCH FACILITY, GIVE STRE                          | ING HOME OR OTHER INSTITUTION ET ADDRESS)  | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L |   |  |  |
| Jours<br>Bernard   | U SUA         | L RESIDENCE (IF NURSING HOME OR O                                      | OTHER INSTITUTION, GIVE RESIDENCE BEFO                       | DRE ADMISSION)                             | HOUSE WIFE   | 71017   |  |  |
| 2 1135   | 144.5         | Md. A.   |  | OLD YES NO D                               | 13e STREET ADDRESS / ZIP COD                             | REIVE Bol.                                      |  |  |
| mpletely and 2 2 square  | 14. FA        |  | IDDLE LAST   | 15. MOTHER'S MAIDEN N                      | AME  | LAST  |  |  |
|  |               | AS DECEASED EVER IN U.S. ARM   |  | URITY NO 17 INFORMANT CAT                  | HERINE STEWA   | RT & DRIFTWOO                                   |  |  |
| o execution and configuration of the secution  | (Y)           | ES, NO OR UNKNOWN) (IF YES, GIVE                                       | WAR OR DATES) 2/50/0   | 1229 SAME                                  | AS 13 - BA   | J. Md. 21221                                    |  |  |
| yancio<br>oppers   |               | 18. CAUSE OF DEATH (Enter only<br>PART I. DEATH WAS CAUSED             |  | ONIC RENAL                                 | FAILURE  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |  |
| A Day  | П             | IMMEDIATE  | CAUSE (a)  |  | Allunce  |   |  |  |
| ( RE)  | П             | Canditians, if any, which  | DUE TO, OR AS A CONSEC                                       | UENCE OF                                   |  |   |  |  |
|  |               | gave rise to immediate cause (a), stating the underlying cause last.   | DUE TO, OR AS A CONSEC                                       | UENCE OF                                   |  |   |  |  |
| aned in plea   |               | PART 2. OTHER SIGNIFICANT CO   | ONDITIONS CONTRIBUTING TO                                    | D DEATH BUT NOT RELATED TO THE TER         | MINAL DISEASE OR CONDITION GI                            | VEN IN PART 110                                 |  |  |
| requires   | Į.            | 190 DATE OF OPERATION  | N/A  | CH OPERATION WAS PERFORMED                 | 200 AUTOPSY? 206 IF YE                                   | ES, WERE FINDINGS USED                          |  |  |
| no.<br>no.<br>hos bee  | CERTIFICATION | NONE   | /  | H OPERATION WAS PERFORMED                  | IN CERT  | IFYING CAUSES OF DEATH?                         |  |  |
| icote I<br>ronsit<br>Hygig   | CERT          | 21a. ACCIDENT WAS UNDERLYING   | 216. TIME OF INJURY  | DAY YEAR 21c. HOW INJURY OCCU              | RRED (ENTER NATURE OF INJURY IN ITEM 18                  | 0 / / 0   |  |  |
| PHYSICIAN:<br>ending physical<br>this certifical<br>the buriel-from<br>ad Mental Hy  | MEDICAL       | OR CONTRIBUTING CAUSE OF DEATI<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M.   | 19<br>21f LOCATION                         |  |   |  |  |
| G PHYSIC<br>ottending<br>er this cei<br>the buric<br>and Men   | MED           | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK                          | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFIC     |  | CITY OR TOWN   | COUNTY STATE                                    |  |  |
| or or see of the mor   |               | 220. I certify that (1) (this haspite                                  | ol) attended the deceased from                               |  | 6, to 2/22   | , 19 60, tha (I)(we) last                       |  |  |
| E & E & 6 5  |               | saw the deceased alive a<br>abave, (1) (we) (did) (did nat)            | view the bady after death.                                   |  | n death accurred on the date and ha                      |   |  |  |
|  |               | 226. SIGNATURE   | mwabl  | attending Physician                        | MEDICAL STAFF DIRECTOR PHYSICIAN                         | 2-23-80   |  |  |
| HOSPII<br>FUNER<br>FUNER<br>Puld be<br>the St  |               | 7740 PHYSICIAN'S NAME (TYPE OR   | WALSH  | 22e ADDRESS                                | ne Hishway Se  | ev. Park Md.                                    |  |  |
| of of white of the other of the |               | URIAL, CREMATION, REMOVAL  | 23b. DATE 23   | NAME OF CEMETERY OR CREMATORY              | 23d LOCATION CITY OR TOWN                                | COUNTY STATE                                    |  |  |
| BP   | 13            | NERAL DIRECTOR   | 2-25-1986  | PAKLAWN LEM                                | ATE REC'D. BY REGISTRAR 256 REGIST                       | TRAPSON Ma.                                     |  |  |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)  | TH            | EBARBANCO F  | H SEVERUA  | PHRK Md. 2114MAR C                         | 3 1986 gula Derid  | Server 1  |  |  |

TREES AN TOWN IS THE

| //   | STATE OF MARYLAND |  |   |                   |                               |  |  |  |
|--|-------------------|--|---|-------------------|-------------------------------|--|--|--|
| 5062016  | 1                 | FOR STATE REGISTRAR  | CERTIFICATE OF DEATH 6 REG. NO. 3 5                                   |                   |                               |  |  |  |
|  |                   | CEASED NAME FIRST  | WIDDIE  |                   | LAST                          | 26. DATE OF DEATH  | MONTH DAY YEAR 26. HOUR                      |  |
| noy be<br>poge 3<br>ar deoth   |                   | DAI  |   |                   | RACEY                         |  | EB.24-1986 95PM                              |  |
| ffer p   | 3. SE             |  | 4. RACE   | S. DATE (         |                               | 6 AGE (IN YEARS LAST BIRTH                                 | MONTHS DAYS HOURS MIN                        |  |
| Poge 4 r   | /                 | Female   | White   | Janua             |                               | 82   | YRS.   |  |
| Po Po Po   |                   | IRTHPLACE ISTATE OR FOREIGN  | 76 CITIZEN OF WHAT COUNT  | AA A DOM          | D NEVER MARRIED               | 9. BALTIMORE CITY OF                                       | COUNTY OF DEATH                              |  |
| de ort   |                   | Maryland   | United State  | WIDOW             |                               | Anne A   | rundel Co., MD.                              |  |
| on is ofter of softer of s | 1                 | Pasadena   | 11. NAME OF HOSPITAL, NU<br>(IF NOT IN SUCH FACILITY, GIVE S<br>Shell | TREET ADDRESS)    | 21122)                        | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSE-WIFE |  |  |
| MARYLAND 2120 red within 24 hours ond 2 should be fill exomine on  | USU<br>130.       | AL RESIDENCE   IF NURSING HOME OF STATE   13b COL  | or other institution, give residence inty 13c city or e Arundel Pasac |                   | 13d. INSIDE CITY LIMITS?      | 13e STREET ADDRESS<br>1558 She                             | ll Rd. / 21122                               |  |
| · · · · · · · · · · · · · · · · · · ·  | 14. F             | ATHER'S NAME   | Z-C E-1-11  |                   | 15. MOTHER'S MAIDEN NA        | ME   |  |  |
| AR OF THE PROPERTY OF THE PROP | 1/                | Robert   | - Fisher  |                   | Bessie                        | MIDDLE   | Swift  |  |
| wi 3 57 5  |                   | WAS DECEASED EVER IN U.S. A  | RMED FORCES? 166 SOCIALS  | SECURITY NO.      | 17 INFORMANT                  | ADDRES   | SS   |  |
| MORE e exect   |                   | (1F YES, GI  | ve war or dates) 212–58   | 8-8350            | Ella Collins                  | 1 1558 She   | 11 Rd. (21122 )                              |  |
| 1 4 0 is   | H                 |  | only one cause per line for (a), (b)                                  |                   | 13220 00222                   | , i i j jo Brie.   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |  |
| IST., BAL<br>certificate<br>ng physici<br>ban poper<br>removal.  |                   | PART I. DEATH WAS CAUS   | ED BY: ATE CAUSE (D) GENEH  | 211               | D CARCINO                     | MATOSIS  | 14 DAYS                                      |  |
| No h cer   |                   |  | DUE TO, OR AS A CONSI   | QUENCE OF ~       |                               | (  |  |  |
| deoth ottendinove corror   |                   | Conditions, if ony, which  | ( (b) METAST  | ATICC             | ARCINOMA (                    | OLON   | 8 YEARS                                      |  |
| the the  |                   | gove rise to immediate couse [a], stating the  | DUE TO, OR AS A CONSI   | OUENCE OF         |                               |  |  |  |
| b) W. P  |                   | underlying couse lost.   | (c)   |                   |                               |  |  |  |
| e s series   | z                 | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 |   |                   |                               |  |  |  |
| RECORDS, I low requir os been sig sermit. Then we any injury   | CERTIFICATION     | 190. DATE OF OPERATION   | 19b. CONDITION FOR WE   | LICH OBEDATIO     | NI WAS BEDEODATED             | 20g. AUTOPSY?  | 206. IF YES, WERE FINDINGS USED              |  |
| AL RECO  | S.                | THE DATE OF OPERATION  | 140. CONDITION TOR WE   | TICH OFERALIC     | WAS PERFORMED                 | /  | IN CERTIFYING CAUSES OF DEATH?               |  |
| VITAL N: The hysicion horonsit hygien Hygien N: State N: The hygien N: T | E                 | 2)a. ACCIDENT WAS UNDERLYING   | 216. TIME OF INJURY   |                   | 21c. HOW INJURY OCCUR         | YES NOW  | YES NO                                       |  |
| N OF VII   |                   | OR CONTRIBUTING CAUSE OF D   | HOUR A.M. MONTH   | DAY YEAR          | The How wayour occor          | CENTER NATURE OF INJURI                                    | IN SEM 10, FART   ON FART 2)                 |  |
| SION OF VI PHYSICIAN: ending phys this certifica the buriol-tron and Mentol Hy d or Item 18  | WEDICAL           | (# EJTHER, NOTIFY MEDICAL EXAMINE<br>21d. IN JURY OCCURRED   | P.M. 21e. PLACE OF INJURY   | 19                | 21f. LOCATION<br>STREET       |  |  |  |
|  | ME                | WHILE NOT WHILE AT WORK  | (AT HOME, STREET, FACTORY, OF   | FICE, FARM, ETC.) | STREET                        | CITY OR TOWN   | N COUNTY STATE                               |  |
| DIV<br>ATTENDING<br>spitol or oth<br>CCTOR, After<br>CCTOR, After<br>d for use as th<br>for use as th<br>or use as th<br>or use as th<br>or use as the   |                   |  | aitel) ottended the deceased from                                     | m M               | 10 5                          | FEB  | . 19 86 , that (1) (we) lost                 |  |
| TTEN<br>pitol<br>TOR:<br>for us<br>of He   |                   | sow the deceased alive a   | n TPW   | 986.0             | nd that in (my) (our) opinion | death occurred on the do                                   | te and hour and from the causes stated       |  |
|  | 13                | 22b. SIGNATURE   | ot) view the body after death.  |                   | DEGREE                        |  | 226. DATE SIGNED                             |  |
| TAL OR by the har tal DIR tal DIR tal DIR detoche one Dep  |                   | arthur of au   | Afrid y. nio  | 1                 | ATTENDING                     | MEDICAL STAF   | 2-24.86                                      |  |
| AN Sto day   | 3                 | 22d. PHYSICIAN'S NAME (TYPE  | OR PRINT)   |                   | 22e. ADDRESS                  | '  | ANG  |  |
| TO HOSPITAL TO FUNERAL should be deter with the Stote  |                   | ARTHUR LA  | MIKEURD JR  | M.D.              | 2934 MOUNTO                   | 9/N B 1/A  | SADENA MOZIFOZ                               |  |
| E 6 F 0 > 7  | 230.              | BURIAL, CREMATION, REMOVA  |   | 23c. NAME OF      | EMETERY OR CREMATORY          | 23d. LOCATION<br>CITY OR TOWN                              | COUNTY STATE                                 |  |
|  |                   | Burial   | Feb.28,86   | Baltimo           | re National                   |  | Baltimore Co., Md.                           |  |
| DHMH-16 60M 1/73   |                   | UNERAL DIRECTOR  | Pased   | ena,Md.           | 21122 FEE                     | E REC'D. BY REGISTRAR 2<br>3 7 1986                        | Baltimore Co., Md.                           |  |
| (VR A 15 (4))  |                   | McCully Funera   | 1 nome / 3204 M   | ountair           | Rd.                           | 4 1 1300   | The - Mariant                                |  |

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String & Con Store | The String | A String |

And the second s Marine Land Alexander Supply 1 and Assume Con-

|   |  |               | 500  |   | STATE OF MARYLAND                                      |                               |  |
|---|--|---------------|--|---|--|-------------------------------|--|
|   | 066115   | 1.            | FOR<br>STATE<br>REGISTRAR  | DEPAR   | TMENT OF HEALTH AND MENTAL HYC<br>CERTIFICATE OF DEATH | REG. NO.                      | 03511  |
|   | . e. E   |               | CEASED NAME FIRST  | WIDDLE  | TT-b   |                               | ONTH DAY YEAR 26 HOUR                                |
|   | ay be  | 3 SE          | Joseph   | 4 RACE  | Urban  5. DATE OF BIRTH                                | Februa                        | 7/1  |
| -   | ctor. a  | 3 36          | Male   | White   | 12/27/1887   | 98                            | MONTHS DAYS HOURS MIN.                               |
|   |  |               | RTHPLACE (SEATE OR FOREIGN   | 76 CITIZEN OF WHAT COUNTR   |  | 9 BALTIMORE CITY OR           |  |
|   | Zeoth Zeoth  | AU            | stria-Hungar   |   | WIDOWED DIVORCED                                       | Anne Aru                      | ndel County MD.                                      |
| 5   | by the filled will   |               | everna Park  | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR.) 144 Truck H |  | (TYPE OF WORK FOR MOST OF W   | 12b. KIND OF BUSINESS OR INDUSTRICESSOR              |
| AND 212   | filled in  | 130.<br>M     | STATE 13b COU  | ROTHER INSTITUTION GIVE RESIDENCE BEF<br>NTY 136 CITY OR TO<br>Sever        | WN 134 INSIDE CITY HAITS?                              | 130 STREET ADDRESS / Z        | MD 21146<br>House Rd, S.P.,                          |
| MAKYL   | mpletely of 2 sh   |               | tephan   | Wrban Urban   | IS MOTHER'S MAIDEN NA Anna                             | MIDDLE                        | LAST   |
| IMORE,  | medico /   | 160 \         | VAS DECEASED EVER IN U.S. AR   | RMED FORCES? 166 SOCIAL SEC<br>215018                                       |  | F. Urban                      | 138 Truck House R                                    |
| T. BAL  | vent, the  |               | PART I. DEATH WAS CAUSE  | nly ane cause per line far (a), (b),<br>ED BY: C onge<br>TE CAUSE (o)       | stive Heart Fail                                       | Lure                          | approximate interval Between onset and death 4 Years |
| SNO   | th car   |               | IMMEDIA  | DUE TO, OR AS A CONSEQ  | NÊNCE OÉ   | A HISTORY FOR                 |  |
| /. PREST  | the dee  |               | Canditians, if any, which gave rise to immediate cause (a), stating the                      | De D111   |  |                               |  |
| S, 201 V  | gned by<br>an please<br>burial, c  | -             | PART 2 OTHER SIGNIFICANT   | ( (c) CONDITIONS CONTRIBUTING TO  | O DEATH BUT NOT RELATED TO THE TERM                    | ainal disease or condit       | TION GIVEN IN PART 11a                               |
| OKO   | been simil The   | CERTIFICATION | 196 DATE OF OPERATION  | 19b. CONDITION FOR WHIC   | CH OPERATION WAS PERFORMED                             | 20g AUTOPSY?                  | POD. IF YES, WERE FINDINGS USED                      |
| I KE  | on.<br>hos b   | TIFIC         |  |   |  |                               | N CERTIFYING CAUSES OF DEATH? YES NO NO              |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | SICIAN. T<br>ng physici<br>certificate<br>uriol-transi<br>tem 18 sh  |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) | Alti  | DAY YEAR   | RED (ENTER NATURE OF INJURY I | N ITEM 18 PART 1 OR PART 2)                          |
| VISION  | G PHYS offending er this c er this c s the bur ond Me ked or fi  | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFIC                    | 21f. LOCATION<br>STREET                                | CITY OR TOWN                  | COUNTY STATE   |
| 5   | ENDIN<br>ol or<br>USE o<br>Health  |               |  | reb. 3  | 0/   | Feb. 1                        | 7 . 19 86 , that (I) (++++) last                     |
|   | R ATTEN<br>haspital<br>IRECTOR<br>hed for u<br>ept. of He  |               |  | view the body after death.  | DEGREE   | death accurred an the date    | and hour and fram the causes stated                  |
|   | 0 4 0 20 E   |               | JiC  | Culles MD   | ATTENDING Y<br>PHYSICIAN A                             | MEDICAL STAFF                 | - D-1 100  |
|   | retained by the TO FUNERAL should be detroited by the State with the State   |               | 22d. PHYSICIAN'S NAME (TYPE O  | Cullis, M.D.  | 22e ADDRESS  |                               |  |
|   | should should be | 230           | SURJAL, CREMATION, REMOVAL   |   | MAME OF CEMETERY OR CREMATORY                          | 1236 LOCATION                 | rna Park, MD 2114                                    |
|   | BP   |               | SPECIBILITIZE  | 2-20-86   | Glen Haven Co  | M City de 10WN                | BURNO HIM M  |
|   | DHMH - 16 60M 7/84   |               | INERAL DIRECTOR  | -11501 Rhors  |  | TE REC'D. BY REGISTRAR 251    | PEGISTRAR'S SIGNATURE                                |
|   | (VRA 15, 4)  |               | ATTANCO E  | - 1   | WIEFR 2  | 1 1900 70m                    | and the same   |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Beall Funeral Home

ome Bowie, MD 20715-3043

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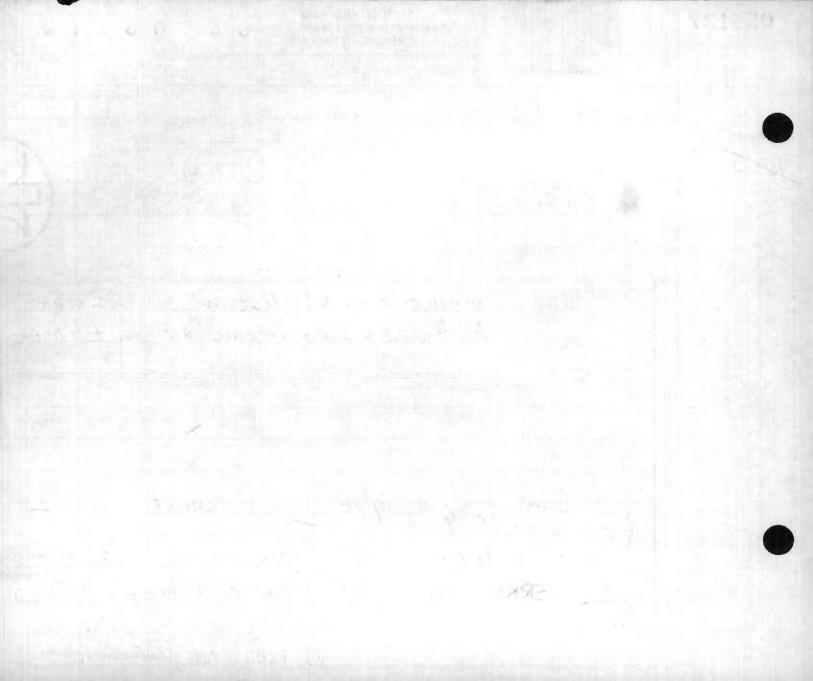
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AnnapolisMd

DHMH - 16 60M 7/84 (VRA 15, 4)

Hardesty Funeral Home

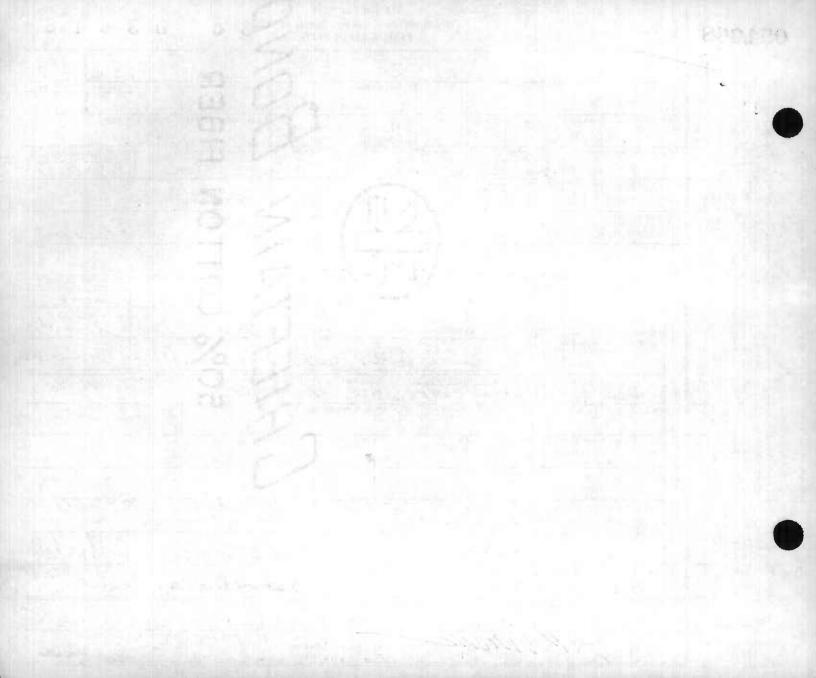


| 052148   | 1 -           | FOR<br>STATE<br>REGISTRAR   |   | HEALTH AND MENTAL HYG<br>FICATE OF DEATH   | REG. NO   |                                   | 5               | 4              |
|--|---------------|---|---|--|---|-----------------------------------|-----------------|----------------|
| 4 moy be   |               |   |   | OF BIRTH   | 20. DATE OF DEATH  2 -  6. AGE (IN YEARS LAST BIR | MONTH DAY                         | DER I YEAR IF I | 195 M          |
| deoth. Page  | 70 BI         | MAryland  | CITIZEN OF WHAT COUNTRY? & MARRIE U. S. A WIDOW NAME OF HOSPITAL NURSING HOME |  | P. BAUIMORE CITYO                                 | ARU                               | DEATH           | Cemo.          |
| by the filled with   | C             | TY OR TOWN OF DEATH  TOWNS VILLE  AL RESIDENCE (IF MURSING HOME OR OTHER  | TAICTIES DUEST ADDRESS)   | ursing Home  | (TYPE OF WORK FOR MOST O                          |                                   | DUSTRY          | 5mess OR       |
| LAND 21  In 24 hourshould be er must b   | m             | ATUAND HONG   | E HOW. Sev. PK.   | 13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NAMED NAM | 13e STREET ADDRESS                                | ZIPCODE                           | PKu             | 2114           |
| completel  | 2             | HERST MIDD<br>VAS DECEASED EVER IN U.S. ARMED   | DENNIS  | FIRST 17 INFORMANT   | ADDRE   | UNKA                              | المناوية        | 7              |
| LTIMORE  Der execute of the medico   |               | YES, NO OR UNKNOWN) (IF YES, GIVE WA  | 215507551   | EVELYN   | Duckwi  | 14                                | BOVE            | #13e           |
| og per page  |               | 18. CAUSE OF DEATH (Enter only o<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE C  | Marco h   | e least  | failure   |                                   | 8 M             | MARIE ATTE     |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death confidence executed within 24 hours oftending physician.  Ifter this certificate has been signed by the often regulation and completely filled in by as the burial-transit permit. Then please remove colon against a good 1 and 2 should be filled in the and Mennol Hygiene prior to burial, cremation.  |               | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost                         | DUE TO, OR AS A CONSEQUENCE OF  | tic CVO  |   |                                   | 24              | ean'           |
| RDS, 201<br>equires the<br>n signed<br>Then plea<br>r to burio<br>injury, or   | NO            | PART 2. OTHER SIGNIFICANT CON   | IDITIONS CONTRIBUTING TO BEATH BUT  | TNOT RELATED TO THE TERM   | AINAL DISEASE OR CON                              | DITION GIVEN II                   | N PART Ito      |                |
| TAL RECO   | CERTIFICATION | 19a DATE OF OPERATION   | 196 CONDITION FOR WHICH OPERATIO  | )N WAS PERFORMED   | 200 AUTOPSY?                                      | 20b. IF YES, WE IN CERTIFYING YES | CAUSES OF       | USED<br>DEATH? |
| ON OF VITAL  PYSICIAN: The ding physicion is certificate h buriol-tronsit p  Mental Hygier  or tem 18 show   | MEDICAL CER   | 710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                      | 21b. TIME OF INJURY<br>HOUR A.M. MONTH DAY YEAR<br>P.M. 19                    |  | RED (ENTER NATURE OF INJU                         | RY IN ITEM 18 PART T              | OR PART 2)      |                |
| DIVISION<br>ING PHY:<br>of the busines of the busines of the business of the busines | MED           | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)         | 211 LOCATION TREET   | CITY OR TO  | 111                               | COUNTY          | STATE          |
| PITAL OR ATTENDI<br>by the hospirlo of<br>ERAL DIRECTOR. As defected for use<br>Sinte Dept. of Heal  |               | 27a I certify that (I) (this hospital) saw the deceased alive on above, (I) (was (shid ) shid part) vi 27a. SIGNATURE | Fels. 10 19861  | DEGREE  ATTENDING PHYSICIAN 5  | deoth occurred on the di                          | one and hour and                  |                 |                |
| TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:   |               | 224 PHYSICIAN'S NAME (1174 OF MI  | MI /  | 3708 Monn  | hin all. 1  | Pusalu                            | es. MA          | 21172          |
| BP   | 23a. I        | BUTION, REMOVAL 2   | 2-13-86 Loud  | CEMETERY OR CREMATORY  | 23d LOCATION<br>CHY OR TOWN                       | SVILLE                            | UNITY Be        | HAIR M         |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)  | 29 E          | ARRANCO F   | H. SOUR ITCHI   | PK, MD   | E RECIDIBLY PEOISTRAR                             | THE RESISTRAN                     | PEICHAGINE      |                |

A Tabumada Santa Company Compa of July market was a second of the second of 

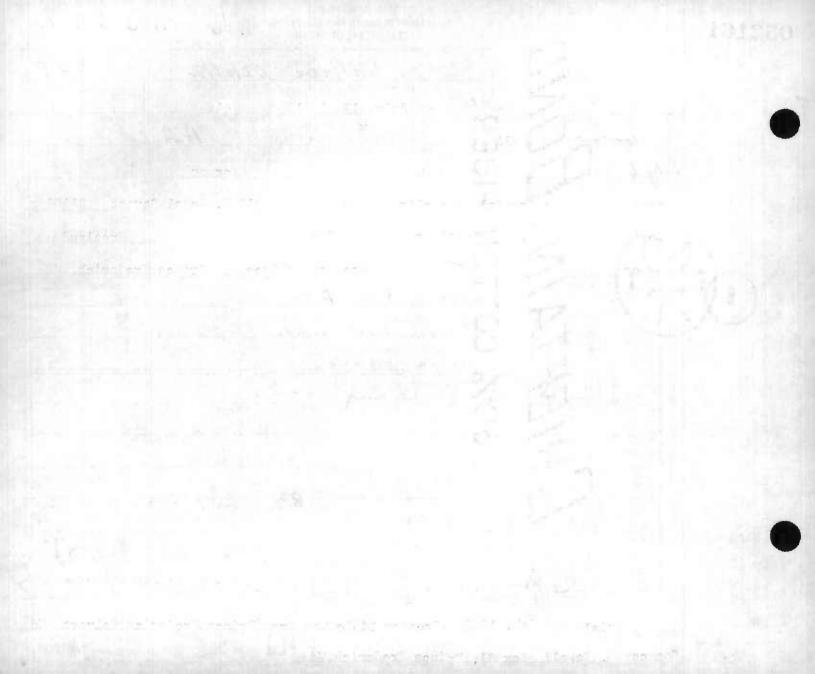
|  | STATE | OF | M | ARYL | AND |  |
|--|-------|----|---|------|-----|--|
|  |       |    |   |      |     |  |

|  |                        | FOR   | A.F.D. A.D.Y.A.   | STATE OF MARYLAND                                    |   | ning a 3 july  |
|--|------------------------|---|---|--|---|--|
| 051068   | 1 - STATE<br>REGISTRAR |   | DEPARTM   | ENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | REG. NO.                                      | 3 3 1 3  |
| 7  | 1. DE                  | CEASED NAME FIRST                             | MIDDLE  | LAST   |   | DAY YEAR 2b. HOUR  |
| poge 3   | () TPE                 | May   | Lizzetta  | Wagner   | February 1:                                   | 2, 1986 7 PM   |
| may<br>ter d   | 3. SE                  | (   | 4 RACE  | 5 DATE OF BIRTH                                      |   | IF UNDER 1 YEAR IF UNDER 2. HRS  |
| rs of  | E)/-                   | Female  | White   | May 27 1907  | 78 <sub>YRS</sub>                             | HOURS MIN,   |
| Pour Phour   | 7a. BI                 | RTHPLACE (STATE OR FOREIGN                    | 76 CITIZEN OF WHAT COUNTRY?   | 8 MARRIED   NEVER MARRIED                            | 9 BALTIMORE CITY OR COUNTY                    | OF DEATH   |
| death Tim 7  | I                      | Balti. Maryland                               |   | WIDOWED DIVORCED                                     | Anne Arundel (                                |  |
| P P  | h .                    | TY OR TOWN OF DEATH                           | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A                   |  | 120 USUAL OCCUPATION                          | 12b. KIND OF BUSINESS OR INDUSTRIAL Wagne  |
| 100  |                        | len Burnie                                    | 237 Wicklow Ave   |  | Self Employed                                 | Wholesale  |
| ( W)(B)  |                        |   | or other institution give residence before<br>INTY 13c. CITY OR TOWN<br>Arundel Glen Bu | 130 HADE CHI EMITTO.                                 | 13e STREET ADDRESS / ZIP CODE 237 Wicklow Ave | . 21061  |
|  |                        | THER'S NAME                                   |   | 15 MOTHER'S MAIDEN NA                                | ME  | 21001  |
| y be ald a board   | 2                      | John  | MIDDLE Sparha   | wk Grace   | WIDDIE  | Gardner  |
| d cor  |                        | VAS DECEASED EVER IN U.S. A                   | RMED FORCES? 166 SOCIAL SECUI   | RITY NO 17 INFORMAN (Grand                           | daughter)DDRESS                               |  |
| Page ex  | - (                    | NO N/   |   | 4258 Mrs. Kathlee                                    | n D. Wheeler San                              | ne As 13   |
| ysicio<br>ppers<br>vol.<br>t, the  |                        | 18 CAUSE OF DEATH (Enter of                   | inly one cause per line far (a), (b), and<br>ED BY:                                     | lice   |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH  |
| g ph<br>on pr  |                        | IMMEDIA                                       | ATE CAUSE (0) Tespira   | ctory feeiluse                                       |   | none   |
| eoth ce<br>tendin<br>e corb<br>an, or a  |                        | Conditions, if ony, which                     | DUE TO, OR AS A CONSEQUE  | nce of metast  | torses  | 2 months   |
| the de   |                        | gave rise to immediate couse (a), stoting the | DUE TO, OR AS A CONSEQUE  | 1  | 1 1 1 1                                       | - 11   |
| thot<br>d by<br>eose<br>ol, cr   |                        | underlying cause lost.                        | (c) cancer  | of the cervix  | /endometsivi                                  | o morres   |
| equires<br>n signe<br>Then pl<br>r to bun<br>injury, a   | NO                     | PART 2. OTHER SIGNIFICANT                     | CONDITIONS CONTRIBUTING TO D  | TESTIVE LEST   | MINAL PISEASE OR CONDITION GIV                | EN IN PART TO  |
| has bee prior  | CERTIFICATION          | 19a DATE OF OPERATION                         | 196 CONDITION FOR WHICH   | OPERATION WAS PERFORMED                              | IN CERTIF                                     | , WERE FINDINGS USED<br>YING CAUSES OF DEATH?  |
| hysicide froate transit I Hygie  | CERI                   | 21a. ACCIDENT WAS UNDERLYING [                |   | 21c. HOW INJURY OCCUR                                | RED (ENTER NATURE OF INJURY IN ITEM 18 P.     |  |
| ivSiClar<br>ding ph<br>is certific<br>burial-fr<br>Mentol I  |                        | OR CONTRIBUTING CAUSE OF DE                   |   | Y YEAR   |   |  |
| PHYS<br>ndin<br>his c<br>e bur<br>d Me   | MEDICAL                | 21d INJURY OCCURRED                           | 21e PLACE OF INJURY   | 211 LOCATION   | CITY OR TOWN                                  | COUNTY STATE   |
| NG offer the standard of the s | 2                      | AT WORK NOT WHILE                             |   |  |   | 06   |
| NS. A  |                        | 22a.1 certify that (1) (this hosp             | oital) attended the deceased from   | 3/87 19  |   | 19 that (I we) lost  |
| ATTE<br>Bespirit<br>de for<br>de for<br>m 21   |                        | phove (I /we) (did) (hid n                    | of view the back after death.   |  | death accurred an the date and have           | the state of the s |
| OR Dep   |                        | The sound of                                  |   | DEGREE ATTENDING L                                   | MEDICAL _ STAFF _                             | THE DATE BIGNED  |
| HOSPITAL ned by the FUNERAL old be det on the Store ORTANT:  |                        | THYSICIAN'S NAME (TYPE                        | OR PRINT)   | PHYSICIAN 222e ADDRESS                               | DIRECTOR PHYSICIAN                            | 4/13/86  |
|  |                        | Victor R.                                     | Risch MO  | Johns Hox  | Leng Ouologs                                  | Center Bulton  |
| OF STATE OF  | 23a B                  | URIAL, CREMATION, REMOVA                      | L 23b. DATE 23c. N  | AME OF CEMETERY OR CREMATORY                         | 23d LOCATION                                  | COUNTY STATE ZIZOS   |
| BP   | (                      | Entombment                                    | Feb./15,1986 L  | oudon Park Cemeter                                   |   | y, Maryland  |
| DHMH - 16 60M 7/84   | 24. FU                 | INERAL DIRECTO                                | 51/1000 Me  |  | E REC'D. BY REGISTRAR 256 REGIST              | RAR'S SIGNATURE  |
| (VRA 15, 4)  |                        | Singleton Funer                               | cal Home   Seco.  | nd Ave. S.W.   | H 1 8 1086 May                                | varidoon-Handalle  |
|  |                        |   |   |  | 1000  | 1  |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 049131 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LENIS MIDDLE 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR 06) XXXXXX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR 3 SEX IF UNDER 24 HRS MONTHS DAYS HOURS CAUCASIAN O'C'T'. 197, 1973 72 FEMALE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED TENNESSEE ANNE ARUNDEL COUNTY U.S.A. WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR BAFYOT IMANOTR GIVSTUFRISTING HOME INDUSTRY ( INTEGEL MONTHON MOST DEL MORKING FILE) ANNAPOLIS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ENNESSEE MARSHA CHAPEL HILI YES TX NO T RURAL ROUTE 7064 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME T V AIRST SHERMAN CERRYBERRY MIDOLE HILL LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS NY YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 413-12-3877 MARY FRANCES NEILL SAME AS 13E APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line tar (a), (b), and (c) PART I. DEATH WAS CAUSED BY PULMONAR IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ASTRO gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF UNSEULAR couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 9 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ CERT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased olive on, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (wested did nat) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS -# 101 22d. PHYSICIAN'S NAME TYPE OF PRINT GLRNBARNIR ould b WPORT/ WELL HAM 402106 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE BURIAL CITY OR TOWN COUNTY 2-7-86 CEMETERY LEWISBURG MARSHALL TENNESSEE So. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1212 ADWEST STREET DHMH - 16 50M 7/77 (VRA 15(4)) ROBERT E.E. EVANS ANNAPOLIS MARYLANDE

|  |                                 |                        |  | STA                | E OF MARYLAND                            |                            | 444                         |  |
|--|---------------------------------|------------------------|--|--------------------|--|----------------------------|-----------------------------|--|
| 052161   | TO TO SEE CYATE                 |                        |  |                    | HEALTH AND MENTAL HYO<br>FICATE OF DEATH | 0 0                        | 035                         | 1/                                       |
|  | I. DECEASED NAME                | FIRST                  | WIDDLE   |                    | LAS1                                     | REG. NO                    |                             | R 2b HOUR                                |
| may be<br>page 3<br>ter death  | (TYPE OR PRINT)                 | John                   | Henry  |                    | Wallace                                  | 02/08/86                   |                             | 4 P M                                    |
| tar po   | 3 SEX Mal                       | Q 4. R                 | RACE BLAZ  | MON                |  | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER LY           |  |
| direc  | To BIRTHPLACE (STA              | 1 00 000 VIII 1        | CITIZEN OF WHAT COU                                | July               | 17 1920                                  | 8 BALTIMORE CITY OF        | YRS R COUNTY OF DEATH       |  |
| leath. F   | COUNTRY) Marv1                  |                        | USA  | MARRI              | ED NEVER MARRIED DIVORCED                | A.                         | A. Co                       | MD.                                      |
| 2 4 4 P  | 10 CITY OR TOWN OF              | DEATH 11.              |  |                    | OR OTHER INSTITUTION                     | 12a USUAL OCCUPATION       |                             | D OF BUSINESS OR                         |
| S of   | Edgewate                        |                        | PL   | ((                 |  | Farmer                     | WORKING LIFE) I IINDUST     | Kī                                       |
| 4 hours  | 13a. STATE                      | 13b COUNTY             | ER INSTITUTION GIVE RESIDENCE - 13c. CITY O        | R TOWN             | 1134 INSIDE CITY LIMITS?                 | 13e STREET ADDRESS /       | ZIP CODE                    |  |
| ly filled should   | Maryland                        | Anne A                 |  | polis              | YES NO I                                 | 911 F. Roy                 |                             | 21401                                    |
| E 50 F   | FIRST                           | MIDD                   |  | AST                | FIRST                                    | MIDDLE                     |                             | LAST                                     |
| bet of property  | Louis                           |                        |  | lace               | Ida                                      |                            |                             | eland                                    |
| Pages  | 168 WAS DECEASED E              |                        |  | L SECURITY NO.     | 17 INFORMANT                             | ADDRE                      | SS                          |  |
| a ca E   | no                              |                        |  |                    | Stephen Wall                             | ace Pri                    | nce Freder                  |  |
| ficote ( Bar )   | 18 CAUSE OF D<br>PART I. DEA    | IH WAS CAUSED B        | / // //  | . //               | HF ASCUD                                 |                            | BETW                        | ROXIMATE INTERVAL<br>EEN ONSET AND DEATH |
|  |                                 | IMMEDIATE C            | 1002 107   |                    | FF , MUCUY                               |                            |                             |  |
| to the same  | Conditions, if                  | nov which              | DUE TO, OR AS A SON                                | ONIC L             | exal Failuxe                             |                            |                             |  |
| the dec<br>the off<br>remote<br>remote   | gave rise to                    | immediate              | (0)  |                    | THE THE PRICE                            |                            |                             |  |
| at see   | underlying o                    |                        | DUE TO, OR AS A CON                                | LIKE D             | Sorden                                   |                            |                             |  |
| gned to  | PART 2 OTHER                    | SIGNIFICANT CON        |  |                    | T NOT RELATED TO THE TERM                | AINAL DISEASE OR CONE      | DITION GIVEN IN PAR         | T Ita                                    |
| The The  | 8 8 R                           | CUA                    |  | ) les              | gares                                    | 2                          |                             |  |
| law relaw reprint.   | 19a DATE OF OF                  | ERATION                | 196 CONDITION FOR                                  | WHICH OPERATIO     | ON WAS PERFORMED                         | 20a AUTOPSY?               | 20b. IF YES, WERE FIN       | NDINGS USED<br>USES OF DEATH?            |
| The la   | 1 H                             |                        | 100  |                    |  | YES NOV                    | YES                         | NO 🗌                                     |
| ZACTE  | OR CONTRIBUTIONS                | CAUSE OF DEATH         | 216 TIME OF INJURY<br>HOUR A.M. MONT               | TH DAY YEAR        | 21c. HOW INJURY OCCUR                    | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART | [2]                                      |
| SIC Centrol  | (IF EITHER NOTIFY               | MEDIC AL EXAMINER)     | P.M.   | 19                 |  |                            |                             |  |
| PHYS<br>thendis<br>the bund M  | (IF EITHER NOTIFY 21d INJURY OC | OT WHILE               | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, | OFFICE, FARM ETC ) | TH LOCATION                              | CITY OR TO                 | WN COUNTY                   | Y STATE                                  |
| ING<br>r off<br>as the   | AT WORK                         | V WORK                 |  | 6/0                | 02                                       | 2/0/                       | cl                          |  |
| N O O O O O O O O O O O O O O O O O O O  | ,                               | ceased plive on        | attended the deceased                              | 0.7                | 1085                                     | 10                         | 773, 19                     | , that (II <del>(we)</del> lost          |
| ATTE<br>Spring<br>CCT<br>CTC<br>of<br>for<br>af  | abave, (I) (v                   | vet (did ) (did not) y | me the body after death.                           | 148 6              |  | death accurred on the da   | ite and havi and tram       | the causes stated                        |
| OR A<br>DIRECTOR DE INE  | 216 SIGNATUR                    | 120                    | 119  | 0                  | ATTENDING                                | MEDICAL STAF               |                             | TI SIGNEDY                               |
| by the by the edeta  | 27d PHYSICIAN                   | S NAME (TYPE OR PRI    | NTI O  | 0                  | PHYSICIAN /                              | DIRECTOR PHYSIC            | IAN D                       | 1000                                     |
| TO HOSPITAL retained by the TO FUNERAL should be determed with the State IMPORTANT:  | F 121                           | 301-8                  | 1-(1h.1)   | 7                  | 710-85 7                                 | ment 1                     | 1, enot                     | misset                                   |
| Should should be | 23a BURIAL, CREMATI             | ON REMOVAL TO          | 3b. DATE   | 1234 NAME OF       | CEMETERY OR CREMATORY                    | 123d LOCATION              |                             |  |
| BP   | (SPECIFY)                       |                        |  |                    |  | CITY OR TOWN               | COUNTY                      | STATE                                    |
|  | Ruri<br>24 FUNERAL DIRECTO      |                        | eb. 12-86  | Greater            | Bible Way Cem                            | Prince Fre                 | ederick Ca                  | lvert Md                                 |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  | Spencer E                       | Sewoll                 | Box 31 Pri   | ince Fre           | FFI                                      | 8年7月88                     | the Deviden                 | Section 1                                |



|                     |  |   | STATE OF MARYLAND              |                           | ment.            |                              | C                     |
|---------------------|--|---|--------------------------------|---------------------------|------------------|------------------------------|-----------------------|
| T- STA              | TE<br>ISTRAN   | DEPARTN                                 | ENT OF HEALTH AND MENTAL H     | YGIENE 8 6                | 03               | 2 1                          | DO:                   |
| 1. DECEASE          | D NAME FIRST   | MIDDLE                                  | LAST                           | 20. DATE OF DEATH         |                  | YEAR 2b F                    | ES'                   |
| State On her        | GEORGE   | Everett                                 | WALLIS JY                      | FER                       | RUARY 1          | 1 1986                       | 1009                  |
| 1.5EX               |  | RACE                                    | S. DATE OF BIRTH               | 6 AGE (IN YEARS LAST      |                  |                              | NDER 24 HRS           |
| m                   | ale  | White                                   | Oct 8,1903                     | 82                        | YRS              | NO DATE NOO                  | 17104                 |
| COUNTS              |  | CITIZEN OF WHAT COUNTRY?                | MARRIED NEVER MARRIED          | 9 BALTIMORE CITY          | OR COUNTY OF     | DEATH                        |                       |
|                     | ryland   | USA                                     | WIDOWED DIVORCED               | I AN                      | NE ARUND         |                              |                       |
| LIE CITY OF         | TOM OF DEATH   | (IF NOT IN SUCH FACILITY, GIVE STREET A | G HOME OR OTHER INSTITUTION    | 120 USUAL OCCUPA          |                  | 126. KIND OF BUS             | SINESS OR             |
| I SIIAI DES         | GLEN BURNIE  | NORTH ARUNT                             |                                | Gardner                   |                  | andsca                       | pung                  |
| 130. STATE          | 13b. COUNT   | 13c. CITY OR TOWI                       | 13d INSIDE CITY LIMITS?        | 1 1                       |                  | OU                           | . 6.                  |
| 14 FATHER           | SNAME  | Millerski                               | YES NO X                       |                           | Hvenus           | ع مراا                       | 08_                   |
| DC                  | FIRST  | DOLE LAST                               | P P FIRST                      | MIDDLE                    | To               | LAST                         |                       |
| 160 WAS D           | ECEASTO EVER IN U.S. ARMI                                    |   | RITY NO. 17 INFORMANT          | ADO                       | RESULA Ser       | vern Cha                     | nel Rd                |
|                     | OR UNKNOWN) (IF YES GIVE V                                   | 71 218-22-                              | 1233 1 ucindo 1                | Di Benio-C                | MIND SK          |                              | 21432                 |
|                     | 100.00   | one cause per line far (a), (b), and    | as fraction                    | Si Cellio-C               | TOIDITISAL       | APPROXIMATE<br>BETWEEN ONSET | INTERVAL<br>AND DEATH |
| Р                   | ART I. DEATH WAS CAUSED                                      | BY:                                     | Qual sai a                     | nest                      |                  | 36.111211-011361             |                       |
| 1                   | MMEDIATE   | DUE TO, OR AS A CONSEQUE                | NCE OF                         |                           |                  |                              |                       |
|                     | ditions, if ony, which                                       | ( (b) All                               | i .                            |                           |                  |                              |                       |
| cou                 | e rise to immediate<br>se (a), stating the                   | DUE TO, OR AS A CONSEQUE                | NCE OF                         |                           |                  |                              |                       |
| und                 | erlying cause last   | (c)                                     |                                |                           |                  |                              |                       |
|                     | 2 OTHER SIGNIFICANT CO                                       | INDITIONS CONTRIBUTING TO D             | EATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CO      | NDITION GIVEN    | IN PART 11a                  |                       |
| CERTIFICATION 19a D | ATE OF OPERATION   | 196 CONDITION FOR WHICH                 | OPERATION WAS PERFORMED        | 200 AUTOPSY?              | 120b IF YES, W   | ERE FINDINGS I               | ISED                  |
| PEC                 |  |   |                                | YES NO                    | IN CERTIFYIN     | IG CAUSES OF D               | EATH?                 |
| 21a.                | ACCIDENT WAS UNDERLYING                                      | 216. TIME OF INJURY                     | 21c HOW INJURY OCCI            | URRED (ENTER NATURE OF IN | _                |                              |                       |
| 00.0                | ONTRIBUTING CAUSE OF DEATH                                   | HOUR A.M. MONTH DA                      | Y YEAR                         |                           |                  |                              |                       |
| 9                   | NJURY OCCURRED   | 21e PLACE OF INJURY                     | 211 LOCATION                   | Cill Os                   | IOWN             | COUNTY                       | STATE                 |
| AT WO               |  | TAT HOME STREET, PACTORY, OFFICE, PA    | KM, EIC)                       |                           |                  |                              |                       |
| 220.1               | certify that (I) (this hospital                              | l) attended the deceased from           | , 19                           | , to                      | . 19_            | , that                       | II (we) last          |
|                     | aw the deceased allive on_<br>above, (I (ww) (did (did not)) | wew the body after death.               | and that in (my) (aur) opinio  | on death occurred an the  | dote and have an | id Iram the cause            | s stated              |
|                     | IGNATURE / /   | /_                                      | DEGREE                         |                           |                  | THE DATE SIGN                | €0                    |
| /                   | n./40  | er.                                     | ATTENDING<br>PHYSICIAN         | MEDICAL ST                | AFF<br>SICIAN [  | 2/19/                        | 10                    |
| 77± 1               | HYSICIAN'S NAME THE CHE                                      | *init)                                  | 220 ADDRESS                    |                           | 1.0              |                              |                       |
|                     | MKap   | lan M.D                                 | North A                        | rundel Ho                 | spital (         | Len Bur                      | nieMi                 |
| 23a BURIA           | , CREMATION, REMOVAL   | 23b DATE 23c. N                         | AME OF CEMETERY OR CREMATOR    | Y 234 LOCATION            | 1                | OUNTY                        | STATE                 |
| Cr                  | emation  | Veb 18,1986 (                           | eder Hill                      | Suita                     | nd P             | G.                           | MD                    |
| 24 BUNERA           | AL DIRECTOR  | ADDRESS                                 |                                | ATE REC'D. BY REGISTRA    |                  | S SIGNATURE                  | 100                   |
| Tayl                | or luneral C   | hapel-Honas                             | olis, MD It                    | B 2 1 1986                | · Car articly    | acon-Nonia                   | C/OCa                 |

The state of the s Later Cory R. A.C. alada Later YOUR FRANCE THE SECOND Ratific companie (1 and 2 granted in 14 Color Bright mound of a Leave design and control of the state of the

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070163 **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME FIRST O. DATE KNOWN LTYPE OR PRINTS ESTI-FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W, PRESTON STREET, DEATH MATED Michael Weese 19 86 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. IF UNDER 24 HR DATE 2d. HOUR LAST BIRTHDAY) DAY PRONOUNCED 10 86 male white DEAD 10-07-1949 36 To BIRTHPLACE ISTATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PETAIN PAGE WI MD USA WIDOWED DIVORCED Anne Arundel County, 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Ft. Meade Kimbrough Army Hospital none n/a USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE Allegany McMullen Highway/21502 13d. INSIDE CITY LIMITS? Cumberland NO IX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Gladys Weese 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS IYES, NO, OR UNKNOWN) none Mrs. Gladys Argent, Cumberland, MD-mother CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Hanging IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING WOR
CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 2-22 19 86 subject hung himself 21e PLACE OF INJURY (ATHOME If LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK iail cell Md. House of Correction, Jessup, Anne Arundel PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STARTINGRE, MARYLAND, 2 Co., Maryland Autopsy XX 22s. I certify that I took charge of the remains described above, held as Hamicide Undetermined manner TITLE (SPECIFY) DASSISTANT MEDICAL EXAMINER 2-24-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Pleasant Grove Cemetery Cumberland 02-26-1986 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (51)

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AUNICATION OF THE STATE OF THE

Andrews .

ASSESSMENT PROGRAMME (EN

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Wh

232 CARROLL STREET, N. W., WASHINGTON, D. C.

DHMH - 16 60M 7/B4 (VRA 15, 4) 065019

| STATE OF MARYLANI |
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|-------------------|

| 3 | by        | 0 | 3 | .75 | -     |
|---|-----------|---|---|-----|-------|
|   | REG. NO.  | 4 | 3 | Car | Black |
|   | KLO. 140. |   |   |     |       |

| FOR<br>STATE<br>REGISTRAR  |  |  | IEALTH AND MENTAL HYG            | 8 6 0   | 3 5 2EST  |  |  |
|--|--|--|----------------------------------|---|---|--|--|
| DECEASED NAME FIRST  | MID  | DLE  | AST CAST                         | REG. NO.  | AY YEAR 26 HOUR                                   |  |  |
| (TYPE OR PRINT)  | NA E   | . W  | ELLS                             | FEBRUARY 27, 19   | 86 2:55 P <sub>M</sub>                            |  |  |
| 1: 5EX   | 4 RACE   | 5. DATE (  |                                  |   | FUNDER I YEAR IF UNDER 24 HRS                     |  |  |
| Female   | White  | Fel  | 5. 7, 1897 AR                    | 89 YRS "  | ONTHS DATS HOURS MIN.                             |  |  |
| BIRTHPLACE ISTATE OR FOREIGN   | 76 CITIZEN OF WE   | HAT COUNTRY? 8   | D NEVER MARRIED                  | BALTIMORE CITY OR COUNTY  | OF DEATH  |  |  |
| Baltimore, Md.   | USA  | WIDOWI   |                                  | ANNE ARUNDE   | L COUNTY MD.                                      |  |  |
| GLEN BURNIE  | HE NOT IN SUCH F   | OSPITAL, NURSING HOME ( ACILITY, GIVE STREET ADDRESS)  ATH ARUNDEL H |                                  | 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife | 126 KIND OF BUSINESS OR<br>INDUSTRY<br>Home       |  |  |
| SUAL RESIDENCE (IF NURSING HE)  30 STATE  Maryland  B  | OUNTY altimore   | ve residence before admission) 3. CITY OR TOWN ESSEX                 | 13d. INSIDE CITY LIMITS? YES NO. | 130 STREET ADDRESS / ZIP CODE<br>1811 Hilltop A                       | ve. 21221   |  |  |
| 4 FATHER'S NAME FIRST Henry Eb   | enhouse  | LAST   | 15 MOTHER'S MAIDEN NA.  Margare  | t M. Debelius   | LAST  |  |  |
| (YES NO OR UNKNOWN) (IF YE   | ARMED FORCES?  | 66 SOCIAL SECURITY NO.   | 17 INFORMANT                     | ADDRESS   |   |  |  |
| No   | - ONE WAR OR DATES)                                      | 216 09 0788  | Margaret A.                      | Edwards, Sister   | Same  |  |  |
| 18 CAUSE OF DEATH LEGIT<br>PART I, DEATH WAS CA  | er anly ane cause per lin<br>USED BY.<br>DIATE CAUSE (a) | cudioseppe   | entry are                        | st  | BETWEEN ONSET AND DEATH                           |  |  |
| Canditians, if any, which  | ( b) (   | as a consequence of,   | colm ca                          | near  | alinn   |  |  |
| gave rise to immediate cause to, stating the underlying cause last   | DUE TO, OR A   | AS A CONSEQUENCE OF  |                                  |   | days  |  |  |
|  |  | TRIBUTING TO DEATH BUT   | NOT RELATED TO THE TERM          | NINAL DISEASE OR CONDITION GIVE                                       | N IN PART 1(a                                     |  |  |
| 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING   | 198 CONDITE  | ON FOR WHICH OPERATIO  | N WAS PERFORMED                  |   | WERE FINDINGS USED YING CAUSES OF DEATH?          |  |  |
| OR COLUMNIA COLUMN   | F DEATH HOUR A.M.  | MONTH DAY YEAR   | 21c HOW INJURY OCCURI            | RED (ENTER NATURE OF INJURY IN ITEM 18 PA                             | RT I OR PART 2)                                   |  |  |
| (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE CONTRIBUTING CAUSE | 21e PLACE OF   | INJURY T, FACTORY, OFFICE, FARM, ETC.)                               | 211 LOCATION<br>STREET           | CITY OR TOWN  | COUNTY STATE                                      |  |  |
| 220.1 certify that (1) this to<br>saw the deceased ali-<br>abave, (1)(we) (didy(di   |  | A 500  | nd that in (my) aur) apinian     | death accurred an the date and haur                                   | 9, that (I) we) ast<br>and from the causes stated |  |  |
| Chiblin  | e a. Ma  | OM, win  |                                  | MEDICAL STAFF DIRECTOR   PHYSICIAN                                    | 2 28 86   |  |  |
| 22d. PHYSICIAN'S NAME (  | YPE OR PRINT)  |  |                                  | FORT SMALLWOOD RO   |   |  |  |
| CHRISTINE A  | . MARINO, N  |  |                                  | ENA, MARYLAND 211   | .22   |  |  |
| 230 BURIAL, CREMATION, REMO  | 3/1/86   |  | Mount Crematory                  | ry Baltimore Md   | COUNTY STATE                                      |  |  |

DHMH - 16 60M 7/84 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Brucdzinski Funeral Hom PA 1407 Old Eastern Ave reme employ jondelle

The state of the s ISSES . wal quittle little & second feet on the STATE OF THE STATE and the latter trained to the latter later than and the second of the second of the second AM COUNTY OF THE PROPERTY AND ASSESSMENT

The second of the second of the second of the second of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH I. DECEASED NAME MONTH 2h HOUR TYPE OR PRINTS 30 RUTH 8 Sokolow WHIT 6 4 RACE IF LINDER I YEAR 3. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) White 20 YRS BALTIMORE CITY OR COUNTY OF DEATH LSTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Anne Arundel County New York WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Anne Arundel General Hospital Annapolis Writer Advertising Annapolis, Md. 13e STREET ADDRESS / ZIP CODE 700 Americana Dr. 136 COUNTY 13d INSIDE CITY LIMITS? Annapolis (Apt. 54)21043 Maryland A.A. County YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bertha Hirsch Sokolow Samuel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWN HE YES GIVE WAR OR DATES! 064/18/4356 William E. White (Husband-same asl3e.) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for iai, (b., and ic PART I. DEATH WAS CAUSED BY Sarcoma Metastatic wears IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF

underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinian death accurred on the date and hour and fram the couses stated abave (1) we) (did) (did not) view the body after death 226. SIGNATORI DEGREE 22c DATE SIGNED MEDICAL

22e ADDRESS

234 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

BP

CERTIFICATION

MEDICAL

80

MPORTAN

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222 (VRA 15, 4)

COLETT

23b. DATE

2/17/1986

22d. PHYSICIAN'S NAME TTYPE OF PRINTS

230. BURIAL, CREMATION, REMOVAL

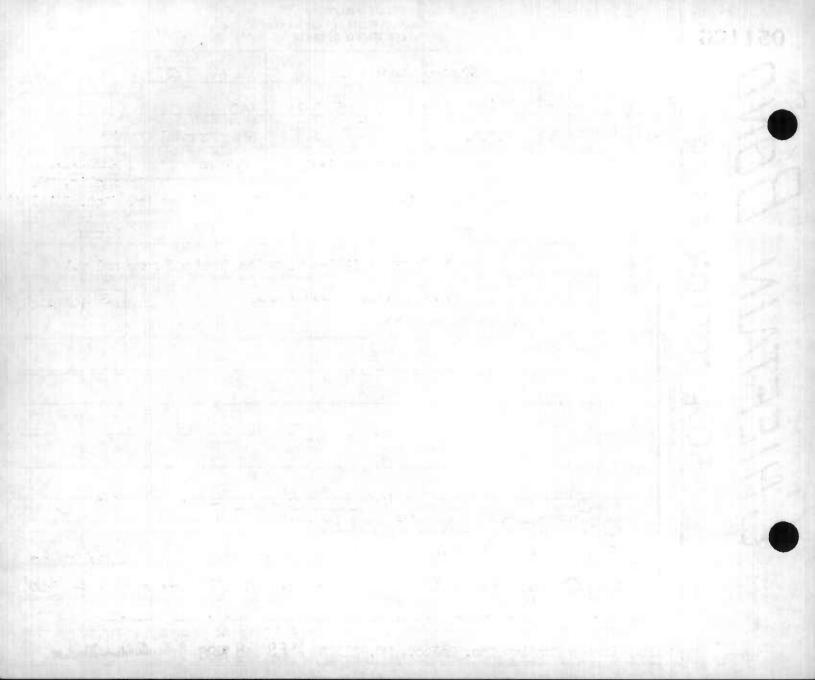
Cremation

Green Mount Crematory Baltimore, Maryland

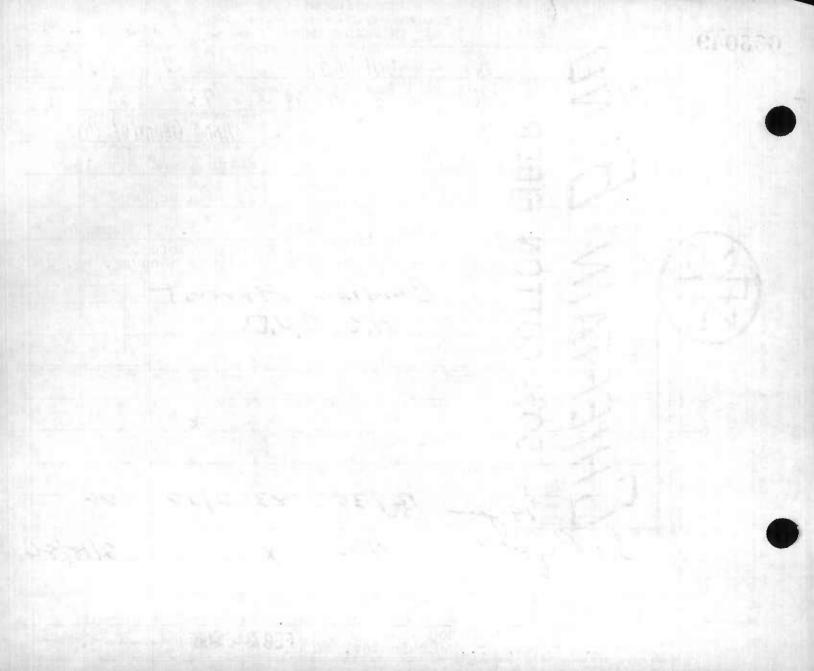
DIRECTOR PHYSICIAN

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

ANN APOUL



STATE OF MARYLAND



EVANS 1212

(VRA 15, 4)

WEST ST.

ANNAPOLIS

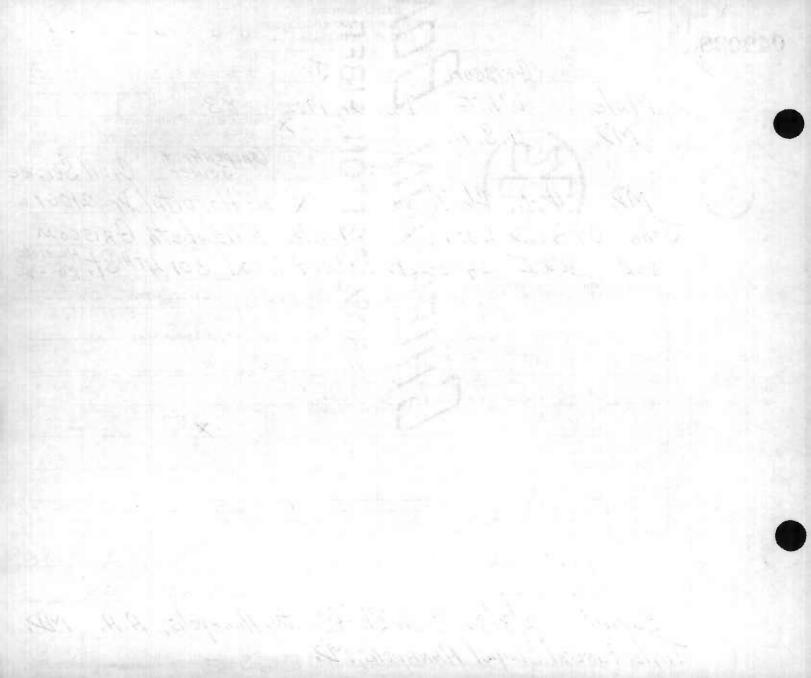
STREET, WASHINGTON M Total

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City (14 216) and James Santalis Santalis Lines

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| 1                 |            |   |   | STATE OF MARYLAND   |   |                                    |   |
|-------------------|------------|---|---|---|---|------------------------------------|---|
|                   | 1-         | FOR<br>STATE<br>REGISTRAR   | DEPAI   | RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH  | HYGIENE D REG.                          | 0 3 :                              | 5 2 3   |
| 5                 | THE        | EASED NAME SIRST  | e R.  | Wood  | 20. DATE OF DEATH                       | ~                                  | 6 HOUR AN                                     |
|                   | 3. SE      | Female  | White   | 5. DATE OF BIRTH  MONTH  B  O  S  O | 6 AGE (IN YEARS LAST )                  | YRS MONTHS                         | DATS HOURS MIN.                               |
| 135               | n          | COUNTRY)  | 76. CITIZEN OF WHAT COUNTR  | MARRIED NEVER MARRIED WIDOWED DIVORCED  | - Anne                                  | OR COUNTY OF DEA                   | 1 1   |
| Politice d        | A          | nnapol75  | ANNE AYUN   | del General las   | 120 USUAL OCCUPA                        | TOF WORKING LIFE) INDL             | KIND OF BUSINESS OR USTRY                     |
| 35                | 130 S      | TATE 136 COL  | A 14 1  | ON IS YES NO  | 1065 N                                  | orman 5                            | 21403<br>Drive Apt 1                          |
| 02                | E          | ther's NAME FIRST   | MIPOLE Rawly  | 15 MOTHER'S MAIDEN  | WIDDLE                                  |                                    | ewis  |
| a medico          | 16a V      | /AS DECEASED EVER IN U.S. A ES NODRAKNOWN) (IF YES, G   | REMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 212-31   | 4-3890 Steway   | 4 F. WOOD                               |                                    | 113   |
| event, th         |            | PART I. DEATH WAS CAUS  | anly one cause per line far (a), (b),<br>SED BY:<br>ATE CAUSE (a) CAREBA  |   | CIDENT                                  | BE.                                | APPROXIMATE INTERVAL<br>TWEEN ONSET AND DEATH |
| other troumatic   |            | Canditions, if any, which<br>gave rise to immediate<br>cause (a), stating the<br>underlying cause lost. | DUE TO, OR AS A CONSECUTION OF THE TOP OF T |   |   |                                    |   |
| ony injury, or    | NOI        | PART 2 OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING T   | O DEATH BUT NOT RELATED TO THE  | TERMINAL DISEASE OR CO                  | NDITION GIVEN IN PA                | ART 110                                       |
| Shows ony         | CERTIFICAT | 19a DATE OF OPERATION   | 196 CONDITION FOR WHI   | CH OPERATION WAS PERFORMED  | YES NO                                  | 206. IF YES, WERE IN CERTIFYING CA | FINDINGS USED<br>AUSES OF DEATH?<br>NO [      |
| 9                 |            | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN               | EATH HOUR A.M. MONTH  | DAY YEAR 19   | CURRED (ENTER NATURE OF IN              | JURY IN ITEM 18 PART 1 OF P        | ART 2)  |
|                   | MEDICAL    | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 210 PLACE OF INJURY<br>(AT HOME STREET, FACTORY, OFFICE   |   | CITY OR                                 | TOWN COUN                          | NTY STATE                                     |
| n 21 is m         |            | saw the deceased alive o<br>abave, (I) (we) (did) (did n  | pital) attended the deceased framing 2-/4 19 not) view the body after death.  | n 19 5  | , | dote and have and fro              | (1. () 1031                                   |
| NNT. If Her       |            | 226. SIGNATURE  270. PHYSICIAN'S NAME TYPE  | Julian.   |   | IG MEDICAL ST.                          | AFF                                | DATE SIGNED 2-15-86                           |
| with the Stat     |            | JOHN JAZI   | KSON  |   | ST DR. ANN.                             | ARUIS, M.                          | 0 71401                                       |
| _                 | 1          | URIAL, CREMATION, REMOVA DECIFY) NERAL DIRECTOR   | 1 236 DATE 23 PED 181986  | Hillcrest   | Annago                                  |                                    | a my  |
| 50M 7/B4<br>5, 4) | 10         | Mar Funeral   | Chapel-Ann  | sa polis, mi)   | FFR 2 1 1096                            | R 25b. REGISTRAR'S SI              | IGNATURE                                      |

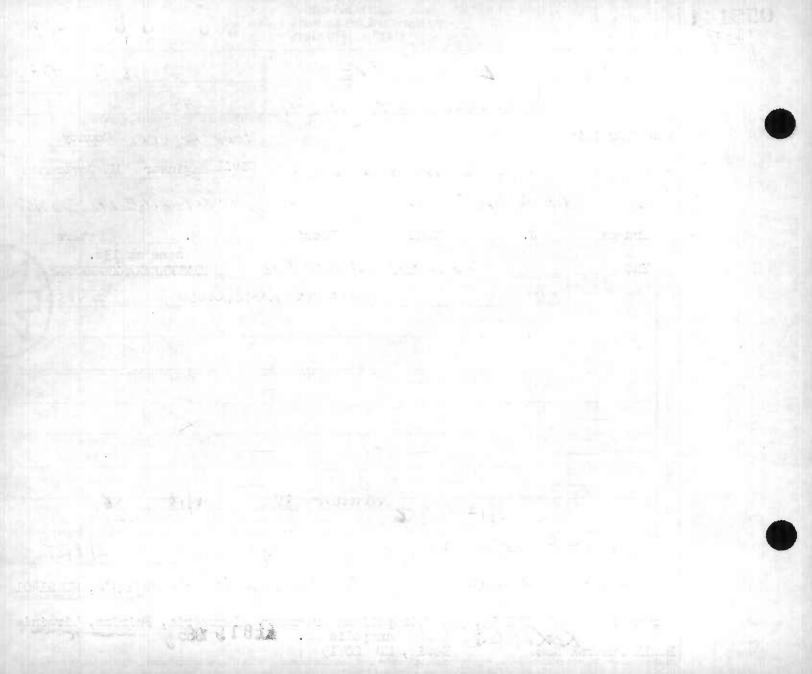
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1361350 Tabout O and D. D. A A Sal hope of a a say the first INTERNATION TO THE PARTY OF THE almost a printed and a property and a property SHE TE how I from firstly PE 02 3- 101 Jam 69 Hayand Travelly Spring Jones They have been dies they sould be not love and rolling

BP.

(VRA 15, 4)

## STATE OF MARYLAND 055141 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L-DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTE 15 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER I YEAR YRS BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA County WIDOWED DIVORCED | ANNE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR CIVIL Engineer INDUSTRY US Government JUAL RESIDENCE (IF NURSIN O STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? BOWIE 12708 KNOWLEDGE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Truman J. Yoke Bessie M. Peters 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT same as HE YES GIVE WAR OR DATES) IVES NO OR UNKNOWNI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic multiple myeloma PART I. DEATH WAS CAUSED BY 2 YVS IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ŏ CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC ) P NOT WHITE 220 I certify that (1) (this haspital) attended the deceased from Decevoloei saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED 18/85 ATTENDING\ MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS Selonick Franklin St. Annapolis, MD 21401 Stuart E. 51 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Metropolitan Crematory Alexandria, Fairfax, Virginia Cremation 16000 Annapolis Rd 150. D 4500 by G GRESS. REGISTRANS DIGHTATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Bowie, MD 20715 Funeral Home



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

|               |        |                   |                  |                        | NEO.                   |          |          |         |          | 110    |
|---------------|--------|-------------------|------------------|------------------------|------------------------|----------|----------|---------|----------|--------|
| DECEASED NAME | FIRST  | FIRST MIDDLE LAST |                  | 20 DATE OF DEATH MONTH |                        | DAY YEAR |          | 26 HOUR |          |        |
|               | BERTHA | MERSON            | YOUSE            |                        | FEBRUAR                | Y 25.    | 1986     |         | 10:      | 50     |
| SEX           | 4 RAC  | E                 | 5. DATE OF BIRTH | 1926                   | 6 AGE (IN YEARS LAST B | RTHDAY   | IF UNDER | 1-YEAR  | IF UNDER | 24 HRS |
| Female        | W      | hite              | Jan 7,           | 10 FA                  | 60                     | YRS.     | MUNTHS   | DAYS    | HOURS    | MIM    |

BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED D NEVER MARRIED COUNTRY

Maruland USA WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Menson

ANNE ARUNDEL COUNTY 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife

7619 Rae road 21076

13e STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR Home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CLEN BURNIE NORTH ARUNDEL HOSPITAL (IF NURSING HOME OF OTHER INSTITUTION 13c CITY OR TOWN HARRERAND Howard Hanover

8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY

13d INSIDE CITY LIMITS? YES X NOF 15. MOTHER'S MAIDEN NAME Esther

MIDDLE Disney

WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATES!

166 SOCIAL SECURITY NO 219-12-3841

17. INFORMANT W. Waters Youse same as above

ADDRESS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.

IMMEDIATE CAUSE (o)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Clarence

- STATE

REGISTRAR

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC ) AT WORK AL WORK

21f LOCATION

CITY OR TOWN COUNTY STATE

saw the deceased alive on ... abave, (1) (we) (did) (did not) view the ba 226 SIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from

PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

HAMID A. TOWHIDIAN, M.D.

22e ADDRESS 3236 MOUNTAIN ROAD

PASADENA, MARYLAND 21122

230 BURIAL, CREMATION, REMOVAL 236. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

Feb 27.1986 Meadowridge Mem. Park

DEGREE

23d LOCATION Dorsey

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

STATE

burial 24 FUNERAL DIRECTOR

Donaldson Funeral Home P.A. Laurel, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY